Rockwern Academy
Discover. Believe. Achieve.

School Year _____

Medication Administration Record - General Form

School policy requires consent of the parent/legal guardian AND a written statement (order) from a licensed prescriber before school personnel can give prescription medication to a student. ALL of the following information is necessary to comply with Ohio medication administration laws. *Form is valid until the end of the current school year only.*

Student Information

Student Name	Date of Birth
Any Known Drug Allergies/Reactions	

Prescriber Authorization

Name of Medication	Diagnosis/purpose of medication	
Dosage	Route	Time
Date to begin medication	End date (if other than end of school year)	
Directions for use		
Possible side effects	Treatment in the event of side effects	
Is medication a controlled substance? ☐ Yes ☐ No	Does medication require refrigeration? ☐ Yes ☐ No	
Tapering schedule		
Prescriber signature	Date	
Prescriber name (print)	Prescriber's phone & address	

Parent/Guardian Authorization

1. I authorize the school nurse and additional trained providers (ORC 3313.713) to administer the above medication.
2. I will submit a **new form** if there is **any change in the medication order** (time, dose, or discontinuation of med).
3. I authorize the nurse to speak with the above named prescriber regarding my child's health and treatment as they pertain to the above medication and /or my child's education and behavioral management needs.
4. I understand that ALL prescription medication must be in the **original** container. Medication containers should be labeled with the child's name, medication, dose, strength, time, route, and prescriber's name.
5. I understand that any over-the-counter medications (e.g. Claritin, Flonase) must have a written authorization and come to school in the **original** container labeled with the child's name.
6. I agree to transport the medication to/from school (students may not transport medication to school except for asthma inhalers and EpiPens).

Parent/guardian signature	Date	Phone