Office of Early Learning and School Readiness

Preschool and School Age Child Care Medication Form

This form meets Ohio Administrative Code. Programs may use this form or build their own including all required information.

	•	on-prescription medication administere	
Student Name:		DOB:	
Student address:			
School	Grade:	Class:	
To Be Completed by the Physician/Dentist:			
Medication Name:		Dose:	
Dosage Time/s: Reasor	for medication:		
Start date:	Stop date:		
Special Instructions:			
Potential adverse reactions to be reported:			
Physician/Dentist Signature:		Date:	
Physician/Dentist Phone Number:	Fav.		
Parent/Guardian: I give permission for my cle school district policy and as instructed by magree and am responsible to: • Deliver my child's medicine to school in its • Ensure prescription medication is labeled to ensure the medication is current within the expiration • Administer the first dose of any new medicoral ensurement of the ensurement of the ensurement of the expiration end of the ensurement	original container or past 12 months and ation, except in case is a change in the uncare provider ew medicine form for yider to talk with the	ealthcare provider I provide new medication upon e of emergency se of my child's medicine my child if the medicine or dose school or any school staff person	
Parent/Guardian: I give permission for my cleschool district policy and as instructed by magree and am responsible to: • Deliver my child's medicine to school in its • Ensure prescription medication is labeled to be expiration • Administer the first dose of any new medice the school as soon as possible if there experiments and the school if my child gets a new healther experiments. I agree for child's healthcare provider complete a new changes. I agree for child's healthcare provider.	original container by a pharmacist or he past 12 months and ation, except in case is a change in the uncare provider ew medicine form for yider to talk with the hild's medical health	ealthcare provider I provide new medication upon of emergency se of my child's medicine my child if the medicine or dose school or any school staff person will be discussed.	

6/2020

Student Name:	DOB:
Grade: Class:	
Per ORC 3313.713 B (2) - Designated persons employed by the board are authorized the student. Effective July 1, 2011, only employees of the board who are licens administration training program conducted by a licensed health professional and to a student a drug prescribed for the student. Except as otherwise provided by drugs or types of drugs shall not be administered or that no employee shall used drug to a student.	ed health professionals, or who have completed a drug d considered appropriate by the board, may administer rederal law, the board's policy may provide that certain
Staff Trained and Authorized to Administer Medication:	
Drug Administration Training Date Trained by	-

Date	Time	Dosage Amount	Reason Given/Comments	Signature of Person who Administered