PRESCRIPTION MEDICATION FORM AVON LAKE CITY SCHOOLS

Physician and parent must complete and return form to school before medication will be administered. Medication must be brought to school by parent/ guardian in the original container per ORC 3313.713

Student Information

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Prescriber Name / Address (print/ stam	p)					
Prescriber Signature	Date		Phone		Fax	
and have provided the student with trai			ductit is capable of posses	ong an	ia asing this inhalet appropriately	
Asthma Inhaler: Not applicable	scriber I have deter	mined that this st	udent is canable of nosses	sing an	nd using this inhaler appropriately	
*** Reminder, ORC 3313.718 requires	backup epinephrin	e autoinjector be	provided at school.			
appropriately and have provided the stu	udent with training	in the proper use	of the autoinjector.		g a same g and g and garden, geologic	
		ve determined th	at this student is capable o	of posse	essing and using this autoinjector	
Epinephrine Autoinjector: Not app	nlicable					
Treatment in the event of adverse reaction			Next steps if desired effect not met (emergency medications only)			
Special man actions						
Special Instructions			Refri	geratio	on needed Yes No	
Date to begin medication	e to begin medication			Date to end medication		
			intervaly fillie to be given			
Dosage	e Route		Interval/ Time to be given			
Name of medication			Reason for medication to be given at school			
Prescriber Authorization						
List any known and anergies/ reactions	3				TICISITY WEIGHT	
List any known drug allergies/ reactions					Height/ Weight	
	Grade/Class	Teacher			School Year	
School						
Student Address School						

Medication Drop-Off and Pick-Up Instructions

School Year	Date

If your child must take medication during the school year, he/she must have the following:

Part 1: Drop-off and Pick-up Instructions for Parents

Medication drop-off instructions

Parent/Guardian must drop off medication (or designate a responsible adult) to school. **Students may not transport medications or refills.**

The Ohio Revised Code and school district policy state that you must have:

- Written medication authorization record from your child's licensed health care prescriber and signed permission from the parent/guardian. This form can be obtained from school and from the Avon Lake City School website
- Pharmacy-labeled original bottle or container with student name and prescription details/ number.

Medication pick-up instructions

The state of the s				
If your child's medication is discontinued during or after the end of the school year, safe arrangem medication to be returned home. Please indicate your choice of how you prefer us to handle the remedication once discontinued by the health care prescriber or at the end of the school year.				
 I will come to the school office/clinic when my child's medication is discontinued or it is the end of the school year. 	by the health care prescriber			
2 I request that the school dispose of any medication remaining after the last day of	2 I request that the school dispose of any medication remaining after the last day of school.			
If medication is not picked up at the end of the school year all medication will be discarded and will not be stored over summer.				
Parent/Guardian Signature	Date			

Please contact the school for any questions or concerns.