



Kirtland Local Schools – General Medication Administration Record

STUDENT INFORMATION

School Year: _____

Student Name: _____ Birthdate: _____ School: _____ Grade: _____

Student Address: _____

Parent/Guardian Name(s): _____ Parent/Guardian Phone #: _____

Drug Allergies/Interactions: _____ Height: _____ Weight: _____

PRESCRIBER INFORMATION

Name of Medication: _____ Strength/Formulation: _____

Dosage: _____ Route: _____ Time/Interval: _____

Date to Begin Medication: _____ Date to End Medication: _____

Circumstances for Use: _____

Side Effects/Special Instructions: _____

Treatment in the Event of an Adverse Reaction: _____

Epinephrine Autoinjector:

Not Applicable

Yes, as the prescriber, I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student training in the proper use of the autoinjector.

Asthma Inhaler:

Not Applicable

Yes, if conditions are satisfied per ORC 3317.716, the student may possess and use the inhaler at school or at any activity, event, or program sponsored by or in which the student’s school is a participant.

Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief:

Possible Severe Adverse Reaction(s) per ORC 3317.716 and 3313.718:

a) To the student for whom it is prescribed (that should be reported to the prescriber): _____

b) To a student for whom it is not prescribed who receives a dose: _____

Other medication instructions: _____

Prescriber Name: _____

Prescriber Address: _____

Prescriber Phone Number: _____ Emergency Phone Number: _____

Prescriber Signature: _____ Date: _____

**Reminder note for prescriber: ORC 3313.718 requires backup epinephrine autoinjector and best practice recommends backup asthma inhaler in clinic.*



Kirtland Local Schools – Parental Permission For Administration of Medication

Parent/Guardian Medication Authorization

I, _____, authorize an employee of the board of education or governing authority to administer the above medication to _____. I understand that an additional parent/prescriber signed Kirtland Local Schools’ Medication Administration Record will be necessary if the dosage of medication is changed. I also authorize the school employee or licensed healthcare professional to talk with the prescriber or pharmacist to clarify the medication order. I agree to submit a revised statement signed by the prescriber to the board or governing authority or a person designated by the board or governing authority if any of the information provided by the prescriber changes.

The Kirtland Local Schools’ Medication Administration Record form must be received by the principal, their designee, and/or the school nurse. I understand that the medication must be in the original container and be properly labeled with the student’s name, prescriber’s name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.

The parent(s)/guardian(s) shall have sole responsibility to instruct their child to take the medication at the scheduled time, and the child has the responsibility for both presenting himself/herself on time and for taking the prescribed medication.

Self-Carry Authorization for Epinephrine or Inhaler

For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student’s school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.

For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student’s school is a participant.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ Date: _____

Phone Number: _____ Emergency Phone Number: _____

