

**LORDSTOWN LOCAL SCHOOLS
ADMINISTRATION OF MEDICATION**

School policy requires consent of parents/guardians and written statement from a licensed practitioner (physician, dentist, nurse practitioner) before school personnel can give any medication, prescribed or over the counter, to a student.

Name of Student _____ DOB _____ Grade _____

Address _____ Phone _____

Allergies _____

TO BE COMPLETED BY LICENSED PRACTITIONER

Condition for which medication is prescribed _____

Name of medication, dose, and route _____

When drug is to be administered _____

Possible side effects to be reported _____

Effective Date _____ Expiration date of this request _____

If not specified, request expires at the end of the current school year.

Prescriber's Name (print)

Prescriber's Signature

Phone Number

Date

TO BE COMPLETED BY PARENTS/GUARDIANS

I/We give permission for designated staff members of Lordstown Local Schools to administer the above medication as prescribed to my child, and further agree to the following:

1. Submit to school personnel a revised statement, signed by the prescriber, when any change is made in the original request.
2. Submit a written statement if the above medication is discontinued.
3. Grant permission for the school nurse to confer with the above practitioner regarding my child's health issues as the pertain to the above medication.
4. All medication must be delivered to school personnel in the original container with pharmacy label. Over the counter medication are to be in the original container labeled with the child's name. Medication must be brought to the school by an adult.

Mother's/Guardian Signature

Daytime Phone

Date

Father's/Guardian Signature

Daytime Phone

Date