Akron Children's Hospital
SCHOOL HEALTH SERVICES

Sebring Local Schools

PLACE CHILD'S PICTURE HERE

Prescription Medication Administered at School

School: ____________________ **School Year:** ________

Student's Name: ____ **Date of Birth:** ___________ **Grade/Class:** ___________

Address: ____ **Phone Number:** _________________________________

To Be Completed by Physician/Healthcare Provider:

Name of medication:___________________________ Dose: _____________ Time to be given: ____________ (during school hours)

Reason for medication: ____

Form of medication: ☐ Tablet ☐ Liquid ☐ Inhaler ☐ Nebulizer ☐ Other__________

Start Date: _____________ Stop Date: _______________

Special Instructions: ____

Potential adverse reactions to be reported: ____

Physician / Healthcare Provider Signature: ____ **Date:** _________________

Physician / Healthcare Provider Name: ____ **Date:** _________________

Print Name

Parent/Guardian: I give permission for my child to receive this medication at school according to the school district policy and as instructed by my healthcare provider.

I agree and am responsible to:

- Deliver my child's medicine to school in its original container and labeled by a pharmacist or healthcare provider
- Tell the school as soon as possible if there is a change in the use of my child's medicine
- Tell the school if my child gets a new healthcare provider
- Have my healthcare provider complete a new medicine form for my child if the medicine or dose changes.

I agree for child's healthcare provider to talk with the school or any school staff person about this medicine. No other part of my child's medical health will be discussed.

Parent/Guardian Signature: ____ **Date:** _______________

Parent/Guardian Phone: ___________________________________ **Emergency Alternate Phone:** _________________________________

THIS FORM WILL EXPIRE AT THE END OF THE SCHOOL YEAR

Clinic Use Only:

Date form received ______________ Date medication received: _______________ Form Complete ☐ YES ☐ NO

Notes: ____ Date Form complete: ____________