

Washington-Nile Local School District  
Medication Dispensation Form  
(As required by Ohio Law-Ohio Revised Code 3313.713)

This form must have every item completed or the medication will not be administered

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address of Student: \_\_\_\_\_  
 School: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name of Prescription/Nonprescription Medication: \_\_\_\_\_  
 Dosage of Prescription/Nonprescription Medication: \_\_\_\_\_  
 Total times medication is to be given per day \_\_\_\_\_  
**TIME MEDICATION IS TO BE GIVEN AT SCHOOL**  
 \*In the event the child misses morning dose, may school personnel administer the missed dose? Yes or No  
 Date medication is to begin \_\_\_\_\_ and end \_\_\_\_\_  
 Any severe reactions that should be reported to the licensed prescriber: \_\_\_\_\_

Reason for medication/Special instruction: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If self-administered medication is prescribed, please complete the following question:

1. Has the student received instruction on self-administration of medication: Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you feel this child is qualified to self-administer this medication (this ONLY applies to the use of inhalers, Epi-pens, insulin and glucose administration)? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Would you recommend this child carry the medication on his/her person at all times? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Adverse reaction(s) for unauthorized user: \_\_\_\_\_  
 \_\_\_\_\_
5. Procedures in the event asthma medication does not produce expected relief \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Licensed Prescriber's Signature and Printed Name

\_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Date

The parent or guardian agrees to submit a revised statement signed by the prescriber if any of the information originally provided by the prescriber changes. The medication must be received by the school authority in the original/current container with complete label intact. **MEDICATION SHOULD BE BROUGHT TO THE SCHOOL BY THE PARENT OR GUARDIAN. NO STUDENT CAN BRING MEDICATION TO SCHOOL ON THE BUS.** (Please see student handbook.)

Unauthorized use of self-administered medication by others is the legal responsibility of the student/family.

I hereby give my permission for \_\_\_\_\_ to be administered the above prescription or non-prescription medication as prescribed by his/her prescriber. I grant permission for the prescriber to confer with the school authority regarding my child's treatment issues as they pertain to the above medication/diagnosis and educational and behavioral management needs.

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Phone # (during school hours)

\_\_\_\_\_  
 Date