

COLUMBIANA EXEMPTED VILLAGE SCHOOL DISTRICT

INFORMATION, PERMISSION AND AUTHORIZATION
TO DISPENSE MEDICATION AND/OR ADMINISTER
MEDICAL PROCEDURES TO STUDENTS

STUDENT _____ DATE _____

PARENT _____ ADDRESS _____

PHONE _____

EMERGENCY PHONE NUMBER _____

NAME OF EMERGENCY CONTACT PERSON _____

NAME OF PRESCRIBING PHYSICIAN _____

ADDRESS _____

PHONE NUMBER _____

PHYSICIAN TO COMPLETE THE FOLLOWING: (Use an additional page if necessary)

Medication or Procedure (describe dosage or procedures)

Frequency of Administration _____

Possible Reaction (Should such be reported to home and/or physician?)

Special Instructions (Sterile Requirements, Storage) _____

Date when medication or procedure will no longer be required _____

PHYSICIANS CERTIFICATION: The above medication or procedure must be administered to the named student during regular school hours.

Physicians Signature _____

Date _____

PARENT TO READ AND COMPLETE THE FOLLOWING:

School personnel are requested to dispense the named medication as ordered by the Physician or carry out the procedure described. I (we) the parent(s) or guardian(s) of the subject student hereby grant permission to school personnel to carry out the Physician's order as listed above. Any required medication or materials to carry out these orders will be delivered to the principal or his or her designee and I (we) agree to immediately notify the principal or his or her designee if the medication or procedure is ordered changed or stopped by the physician or if I (we) change physician for the named student.

Permission granted by _____
Parent(s) or Guardian(s) Date

AUTHORIZED STAFF MEMBER TO READ THE ABOVE AND SIGN:

Signature shall indicate acceptance of responsibility to dispense medication and/or to carry out procedures as ordered above.

Date _____

Date _____

Date _____

For Special Education Students; Principal shall assure completion of the following:

- 1) Special Education Supervisor has reviewed this document

Supervisor Signature Date

- 2) Student IEP includes this order

Principal Signature Date