

Fairborn City Schools
Medication Authorization
ONE FORM PER MEDICATION

Child's Name: _____ Date of Birth: _____ School Year _____

Home Address: _____ School: _____ HR/Grade _____

Healthcare Provider to Complete:

Fairborn City Schools urges scheduling doses for times outside of school whenever possible.

I verify the above student should receive this medication at school for the treatment of _____

Medication _____ Dosage _____ Route _____

Administration time(s) _____ Beginning Date _____ End Date _____/end of school year

Instructions, precautions, and possible side effects _____

Other medications prescribed to this student (home & school) _____

Healthcare Provider Signature: _____ **Date:** _____

Provider Name: _____

Practice Address: _____

Phone: _____ Fax: _____

Please fill contact information to left or stamp

Parent to Complete:

Parent/Guardian Name: _____ Phone Number _____ or _____

To the Parent/Guardian: The following information is necessary for any student who uses medication in school.

- **Both the Parent and healthcare provider portions of this form must be completed**
 - A new Medication Authorization form is required each school year and when there is a change in the medication
- I authorize the student named above to have access to and use the medication as ordered above
- I understand the medication must be in the original container and properly labeled with the student's name, date, and prescriber's name, name of medication, dosage, strength, route and time of administration and drug expiration date.
- I assume responsibility for the safe delivery of the medication to school and will notify the school immediately with any medication changes
- I authorize Fairborn City School Clinic Staff to communicate with the student's healthcare provider as needed
- I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability for damages or injury resulting directly or indirectly from this authorization

Parent/Guardian Signature _____ Date _____

****ALL MEDICATION FORMS MUST BE MAILED TO YOUR CHILDS SCHOOL OR FAXED TO THE APPROPRIATE NUMBER LISTED BELOW BY THE HEALTHCARE PROVIDER OR THEY WILL NOT BE ACCEPTED****

Fax: Wright Kindergarten: (937) 879-8177
Fairborn Primary School: (937) 879-8196
Fairborn Intermediate School: (937) 879-8191

Baker Middle School: (937) 879-8193
Fairborn High School: (937) 879-8190

Reviewed by RN Signature _____ Date _____

Fairborn City Schools

Instructions for Medications and Specialized Health Care Procedures at School:

Students needing to have medication/procedures during school hours must follow these guidelines:

- Provide the school clinic with a completed Request for School Administration of Medication signed by both the parent/guardian and the healthcare provider. Medication must be received by the school clinic within 30 days of a doctor's written order or a new order will be required
- ALL Request for School Administration of Medication must be faxed or mailed to the appropriate school clinic by the healthcare provider
- A new Request for School Administration of Medication must be completed each school year AND when the medication or dose has changed
- **Medicine cannot be transported to the school by the student.** Students who transport prescription or nonprescription medication to school or take prescription or nonprescription medication outside the clinic are subject to district discipline policies, including possible suspension and/or recommendation for expulsion
- All medication must be in the original container in which it was dispensed by the healthcare provider or pharmacy and be labeled with the correct dose and instructions
 - The label must match what is on the Request for School Administration of Medication
 - Students taking a medication at both school and home can request 2 separate labeled bottles from the pharmacy to divide the pills to have some at home and school
 - Students using an inhaler, epinephrine pen or other emergency medication at school can request 2 prescriptions from the healthcare provider in order to have a supply at home and at school
- School personnel cannot give over-the-counter medications unless prescribed by a healthcare provider. A Request for School Administration of Medication must be completed
 - Prescribed over the counter medications follow the same guidelines as stated above for prescribed medications
- Medications ordered three times a day or less, unless time is specified, may not need to be taken at school. The medication should be given before school, after school, and at bedtime
- **All Health Care procedures** (g-tube feeds, catheterizations, nebulizer treatments, etc.) must have a (Request for Administration of Specialized Health Care Procedure) on file that has been **completed and faxed or mailed to the school by a Licensed Healthcare Provider** in order to perform the medical procedure. Any procedure that is ordered three times a day or less, unless time is specified, may not need to be completed at school. The procedure should be done outside of school hours whenever possible
- Parents **must** sign a medical release form allowing communication between the prescribing physician's office and the school nurse

This is in accordance with the Ohio Revised Code and Fairborn City School policies.