

Asthma Medication Authorization

to access and use prescribed medications during school ONE FORM PER MEDICATION Columbus City Schools Health, Family and Community Services Columbus Ohio 43215

rtudent Name		Date	of Birth	_ School Yea	ar	
Home Address		Scho	ool	HR/Grad	de	
If multiple medica	ations are needed at	t school, please conta	ct your school nurse fe	or the appropr	iate forms	<u>s</u>
		Ithcare Provider Schools urges scheduling dos	-			
I verify the above studer	nt should receive this	medication at school for	or treatment of			
Medication	Stre	ength/Concentration_	Dosage		Route	
Frequency: Every					sch	End hool ye
instructions and pre	ecautions					
Possible side effects to						
the medication does not	t provide relief					_
For asthma inhaler: The The student is capable ar	student has demonstr nd may carry and self-	rated the proper use of administer medication	the medication? per ORC 3317.716 and 3	313.718.	yes yes	no no
Healthcare Provide	er Signature			Date		
Provider Name			Please fill contact	information to lef	ft or stamp h	nere
			;	information to lef	ft or stamp h	nere
			;	information to lef	ft or stamp h	nere
Practice Address				information to lef	ft or stamp h	nere
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Guidelines for Medications at School

Students needing to take medication during school hours must follow these guidelines:

- Provide the school nurse with a completed <u>Medication Authorization Form</u> signed by both the parent/guardian and the healthcare provider.
- Medications <u>cannot</u> be at school without the form and signatures of both doctor and parents. Medications <u>cannot</u> be held until the mediation authorization form arrives.
- A new <u>Medication Authorization Form</u> is required each school year AND when there is a change in medication or dose.
- 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 medication cannot be expired.
 - o The label must match what is on the Medication Authorization Form.
 - 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 medications at school can request 2 prescriptions from the healthcare provider in order to have a supply at home and school.
- Medication must be brought to school by the parent or guardian. Bus drivers cannot be responsible for medications on the bus.
- School personnel cannot give over-the-counter medications unless prescribed by a healthcare provider. A <u>Medication Authorization Form</u> is required.
 - Prescribed over the counter medications follow the same guidelines as stated above for prescribed medications. (Over the counter medications include pain medication such as Tylenol, cough medicine, eye drops, ointments.)
 - Over the counter medications must be in the original container and not expired.
 - A label must be attached to the medication which includes: the student's name, name of medication, dosage, strength, route, time of administration and expiration date. Label must match the Medication Authorization Form.
- 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 unused medication must be picked up by the parent/guardian on the last day of student attendance or it will be discarded.