



Medication Authorization
to access and use prescribed medications during school
ONE FORM PER MEDICATION

Health, Family and Community Services
Columbus Ohio 43215

Student Name _____ Date of Birth _____ School Year _____
Home Address _____ School _____ HR/Grade _____

Healthcare Provider to Complete:

Columbus City Schools urges scheduling doses for times outside of school.

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

Medication _____ Dosage _____ Route _____

Administration Time(s) _____ OR Every _____ hours as needed for _____

Beginning Date _____ Expiration 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 here

Parent to Complete:

Parent/Guardian Name _____ **Phone Numbers** _____ **or** _____

To the Parent or 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 student's name, date, 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 Columbus City School Health Services 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** _____