



REQUEST TO DISPENSE MEDICATIONS

A student's current medication listing of prescribed drugs is pertinent medical information. Obtaining a statement of the student's current medication from the attending physician is required in accordance with Ohio Revised Code 3313.713. Students may take medication during school hours only in accordance with the following procedures:

1. Auburn Career Center must have, in writing, the name, dosage and frequency of the medication to be administered, and the name of the doctor that prescribed the medication and date it was prescribed.
Prescription drugs must be received in the container in which it was dispensed by the prescribing physician or licensed pharmacist. All medications must be kept in the High School Office, with the exception of prescription asthma inhalers and Epi Pens. Students that use prescription inhalers or Epi Pens must register them in the High School Office, and may keep them on their person. Specific forms are available in the High School Office.
2. No medications other than those listed below can be dispensed during school hours.
3. The person whose signature appears below is responsible to notify the Auburn Career Center, in writing, of any medication changes including dosage levels and times of administration.

Name of Student	Grade	Address of Student
Associate School		Career and Technical Program

PRESCRIBED MEDICATIONS:

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>TAKEN WHEN & HOW OFTEN</u>	<u>START DATE</u>	<u>END DATE</u>	<u>INSTRUCTIONS</u>

Licensed Prescriber's Signature	Licensed Prescriber's Address
Licensed Prescriber's Phone Number	Date

OVER-THE-COUNTER MEDICATIONS:

<u>NAME OF MEDICATION</u>	<u>DOSAGE</u>	<u>TAKEN WHEN & HOW OFTEN</u>	<u>START DATE</u>	<u>END DATE</u>	<u>INSTRUCTIONS</u>

I have read and understand the Auburn Career Center procedures for administering medication. I attest to the fact that the prescription drugs identified above have been prescribed by a duly authorized physician. By granting this permission to dispense prescribed and/or over-the-counter medication, I have hereby released the Auburn Career Center from all liability for any injury as a result of dispensing medication when dispensed in accordance with the guidelines state herein.

Licensed Prescriber's Signature	Licensed Prescriber's Phone Number
Parent/Guardian's Signature	Parent/Guardian's Home Address
Parent/Guardian's Phone/Cell Phone Number	Date