

**LICKING VALLEY LOCAL SCHOOL DISTRICT
1379 LICKING VALLEY ROAD N.E.
NEWARK, OH 43055**

**PRESCRIBED MEDICATION
AUTHORIZATION TO ADMINISTER OR ASSIST WITH MEDICATION
OR TREATMENT**

Scheduling of medication or treatment outside of school hours is encouraged. When that is not possible, this form must be completed every school year prior to school personnel dispensing medication or treatment. The **MEDICATION AND THIS FORM** is to be taken to the building principal and kept on file in the school office.

A. Physician Section

Student's Name _____ Date of Birth _____

Student's Address _____

Prescribed Medication/Treatment _____

Dosage, Time and Route _____

Side Effects or Adverse Reactions to be Reported to Parent or Physician _____

Instructions for Administration Including Storage and Sterile Requirements _____

Beginning Date _____ Ending Date _____

Physician's Printed/Typed Name _____

Physician's Address _____ Phone _____

Physician's Signature _____

B. Parent/Guardian Section

As parent/guardian of the above named child, my signature below authorizes the Principal, Nurse, or other responsible school personnel to administer or assist with medication or treatment to my child as instructed in **Part A** by the physician. I do assume responsibility for:

- A. Safe delivery of medication in the **ORIGINAL DRUGSTORE CONTAINER** to the school office.
- B. Instructing my child to present himself/herself and to take the medication at the scheduled time.
- C. Understanding the medication will be destroyed at the end of this school year if not collected by parent/guardian, or if the prescription ends.
- D. I will notify the school immediately if there is any change in the use of the medication of the prescribed treatment.
- E. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature _____ **Date** _____

Home Phone _____ Work Phone _____