

Procedure for Administration of Prescription Medication

The faculty, administration and Board of Education recognizes that the utilization of medication is a serious health concern affecting our students and faculty. The Logan-Hocking Schools' philosophy of health focuses on the wellness of the student.

Where medication is prescribed and the timetable for it involves the regular school day, the following procedures will be followed:

1. Written communication from the parent/guardian (See attached "Request For Administration of Prescription Medication") must be completed in its entirety.
2. All medication must be sent in the original container in which it is dispensed/purchased.
3. It is preferable that the parent bring the medication to school, but if this is not possible, please seal the medication in the original container in an envelope. Upon arrival at school, the student will take the request form and medication (for safe storage) to the secretary or nurse in the Student Services Office.
4. All medication will be given to the student in the presence of Board-designated personnel.

Request For Administration Of Prescription Medication

Logan-Hocking School District
2019 E Front ST
Logan, Ohio 43138

Student Name: _____

Address: _____

School: _____

Class or Grade: _____

TO THE PHYSICIAN:

Please complete all areas of this form.

All information requested is required by Ohio Law. Thank you.

STUDENT: _____ is under my care and should receive:

MEDICATION: _____

DOSAGE: _____ TIME OF DAY TO BE GIVEN: _____

METHOD OF ADMINISTRATION: _____

DATE administration of this drug is TO BEGIN: _____

DATE administration of this drug is TO CEASE: _____

Possible side effects or adverse reactions to watch for: _____

Special instructions regarding the administration or storage of drug: _____

DOCTOR SIGNATURE _____

DATE: _____ PHONE: _____

I give my permission for the above drug to be administered to my child.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____