



Joseph Badger School District

7119 State Route 7 Kinsman, OH 44428

School Clinic: phone 330-876-2803 fax 330-876-2861

email: Amanda.durst@badgerbraves.org

Prescription Medication Form

(including Asthma Inhaler and Epinephrine Autoinjector Use)

Home of the Braves

Student Information

(To be filled out parent/guardian)

Student Name:		Date of Birth:	
Student Address:			
School:	Grade:	Teacher:	School Year:
List any known drug allergies/reactions:		Height:	Weight:

Prescriber Authorization

(To be filled out by physician)

Name of Medication:		Diagnosis:	
Dose:	Route (circle one):	oral inhalation subcutaneous injection intramuscular injection	Time interval:
Directions:			
Special considerations:			
Treatment in the event of an adverse reaction:			
Epinephrine Autoinjector (check appropriate box):	<input type="checkbox"/>	Not applicable	
	<input type="checkbox"/>	Yes, as the prescriber I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.	
Asthma Inhaler (check appropriate box):	<input type="checkbox"/>	Not applicable	
	<input type="checkbox"/>	Yes, if conditions are satisfied per ORC 3317.716, the student may possess and use inhaler at school or at any activity, event, or program sponsored by or in which the student's school is a participant.	
Procedure for school employees if the student is unable to administer the medication or if it does not produce the expected relief:			
Possible Adverse Reaction(s) per ORC 3317.716 and 3313.718			
A)	To the student for whom it is prescribed (that should be reported to the prescriber):		
B)	To a student for whom it is not prescribed who receives a dose:		
Other medication instructions:		Does medication require refrigeration? (circle one) yes no	
Is the medication a controlled substance? (circle one)		yes no	
Prescriber name (print):		Phone number:	Fax number:
Prescriber signature:		Date:	

*Reminder note for prescriber: ORC 3313.718 requires backup epinephrine autoinjector and best practice recommends backup asthma inhaler.

Parent/Guardian Authorization (Must be signed by parent/guardian)

<input checked="" type="checkbox"/>	I authorize an employee of the school board to administer the above medication.		
<input checked="" type="checkbox"/>	I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication changes.		
<input checked="" type="checkbox"/>	I also authorize the licensed healthcare professional to talk to the prescriber or pharmacist to clarify medication order.		
<input checked="" type="checkbox"/>	Medication form must be received by the principal, his/her designee, and/or the school nurse.		
<input checked="" type="checkbox"/>	I understand that the medication must be in the original container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.		
Parent/Guardian Signature:	Date	#1 contact number:	#2 contact number:

Parent/Guardian Self-Carry Authorization (please select appropriate statement below)

<input type="checkbox"/>	For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by Ohio law.		
<input type="checkbox"/>	For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.		
Parent/Guardian Signature:	Date	#1 contact number:	#2 contact number: