



William V. Fisher Catholic High School
Administration of Medications to Students
AUTHORIZATION FORM

William V. Fisher Catholic High School personnel have permission to administer the following checked medications to the listed student:

Student's Name – Please Print

_____ ibuprofen (Advil)

_____ acetaminophen (Tylenol)

_____ calcium carbonate (antacid/Tums)

_____ cough drops

Please list any food and/or medicine allergies: (i.e.: food dyes, bees/honey, latex, adverse reactions to any medications):

By signing below I allow Fisher Catholic personnel to administer the above checked medications to my student and will hold school personnel harmless for any damages, liability or injury to my student from administration of the listed medications for use with my student. I realize that this form is only good for the 2018-2019 academic school year, August 22, 2018 – May 29, 2019.

Parent/Guardian Signature

Date

William V. Fisher Catholic High School Policy on the Administration of Medication to Students

In accordance with ORC 3313.713 and Diocesan Policy 5141.0, authorized employees and contracted personnel with Fisher Catholic High School may, in the course of their employment, administer any prescription or non-prescription medicine to students with prior written permission from the legal parent/guardian, as long as all of the following requirements are met. **Employees of the schools of the diocese and public school employees working in schools of the diocese are NOT required to administer medication to students.**

First- the school must receive a written request that the medication be administered to the student; this request must be signed by the parent, guardian and/or other person having legal custody of the student.

Second- for prescription medication the school must receive a statement signed by the prescribing physician, which contains the following information:

1. Written permission from the parent/guardian.
2. A physician's verification of:
 - a. the necessity for the medication;
 - b. name of medication;
 - c. dosage;
 - d. times or intervals at which to be taken;
 - e. duration; and
 - f. possible side effects.
3. Medication must be in original containers and have affixed prescribing label which includes the student's name.
4. Accurate records of the medication must be kept in the student's file.
5. A statement releasing and holding school personnel harmless from any and all liability for damages or injury resulting directly or indirectly from the presence of the medication in the school or its use by the student.

Fisher Catholic may administer Ibuprofen (Advil), Acetaminophen (Tylenol), Calcium Carbonate (Antacid/Tums) and throat lozenges when deemed necessary, but only if the following form is signed and returned by the parent/guardian.

Student who carry an Epinephrine Auto injector (Epi-Pen) are **required** to have an additional Epi-Pen in the office/clinic. Student who use Asthma inhalers are encouraged to have an additional inhaler in the office/clinic.

Please return one form for each student.