

Cardinal Pacelli School  
927 Ellison Avenue  
513-321-1048 fax 533-6113

Medication Authorization

Name of Student \_\_\_\_\_ Date of birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Allergies to medications \_\_\_\_\_

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**To be completed by student's Physician:**

Condition for which medication is administered: \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Possible side effects \_\_\_\_\_

Any special considerations for storage \_\_\_\_\_

**For Inhalers, Epi-Pens, Insulin Pumps:** It is my opinion that this student shows the ability & responsibility to carry and self-administer this medication. YES \_\_\_\_\_ NO \_\_\_\_\_

Adverse reactions for unauthorized user \_\_\_\_\_

Procedure if medication does not produce desired relief \_\_\_\_\_

Other instructions \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

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**To be completed by Parent or Guardian:**

I give permission to the principal and/or designee to administer the above medication per instructions given. I agree not to make any claim against anyone in connection with the administration or non-administration of said medicine, and further agree to hold them harmless from any liability incurred as a result of administration or non-administration of such.

I accept responsibility and liability for instruction in the use and care of an inhaler, Epi-Pen, or Insulin pump that will be carried and self-administered by my child.

Parent/Guardian's name \_\_\_\_\_ Home phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Summary of inhaler law (Am. Sub. H.B. 121) and Epinephrine autoinjector law (ORC 3313.718):**

These laws permit a student to carry asthma inhalers and epi-autoinjectors with the consent of the student's physician and parent. In addition, the bills would grant immunity to school districts, community schools, and chartered non-public schools, and their employees, for good faith actions in connection with this permission.

This authorization is good for the current school year.

All medications must be in a clearly marked container with the name of the child, the medication, and the dosage. All Prescriptions must be in the original container.