MANSFIELD CHRISTIAN SCHOOL

Authorization for the Administration of Me Code.	edication by School Personnel – As	required by Section 3313.713 Ohio Revised
Student's Name	Date of Birth	School
School Phone Number	School Fax Number	Grade – Teacher
PARENT/GUARDIAN SECTION Please review the following steps of the section:	required for permission of school p	personnel to administer any medication to
2. Medication must be kept in the instructions from prescriber.3. New forms must be submitted	e student's labeled prescription bo each school year and for each nev	nd the licensed prescriber (bottom section). ottle. Prescription label must match or medication. New forms must be nple, changes in the dose, time, etc.)
	e exchange of information betwe	the directions of the licensed prescriber in en the health care provider and the schoo el.
Signature of Parent/Guardian		Date
LICENSED PRESCRIBER SECTION		
I verify that this medication must be taken	by:Student's Name	
Diagnosis for which medication is prescribe	ed	
Medication	Strength	Dose
Time medication to be taken	Administration start date	Date administration to cease
Instructions or precautions, including poss	ible side effects	
Licensed prescriber signature		Date
Phone Number		Fax Number