ADMINISTRATION OF PRESCRIPTION MEDICATION BY SCHOOL PERSONNEL

OMI will permit school personnel to assist a student who is required to take, during the course of the regular school day, medication prescribed for him/her by a physician only when the school has on file:

1. A written statement from the physician detailing the method, amount, and time schedules by which such medication is to be taken. This must be renewed at least each school year.
2. A written statement from the parent or legal guardian requesting the school to assist the student in administration of the medication according to the doctor’s written statement.

PERMISSION FORM FOR PRESCRIBED MEDICATION

<table>
<thead>
<tr>
<th>STUDENT LAST NAME</th>
<th>FIRST</th>
<th>MI</th>
<th>DATE OF BIRTH</th>
<th>GRADE</th>
</tr>
</thead>
</table>

To be completed by the Physician

Name of Medication: ____________________________________________________________
Reason for Medication: _________________________________________________________
Method of Administration: ☐ Tablet/Capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Other
Instructions (Schedule and dose to be given at school): ____________________________

Restrictions and/or important side effects: ☐ None anticipated ☐ Yes (please describe)

Special storage instructions: ☐ None ☐ Refrigerate
Other: ____________________________

This student is both capable and responsible for self-administering this medication:
☐ No ☐ Yes-Supervised ☐ Yes-Unsupervised

This student may carry this medication ☐ No ☐ Yes

Please indicate if you have provided additional information: ☐ On the back side of this form ☐ As an attachment

Physician Signature __________________________________________ Office Phone __________________________ Date _________________

Physician Name/Stamp __________________________________________ Address __________________________

___________________________________________________________________________________
To be completed by Parent/Guardian:

I give permission for ___________________________ to receive the above medication at school according to standard school policy.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Relationship</th>
<th>Date</th>
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Additional Information Provided: (if applicable)

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