



AUTHORIZATION FOR ADMINISTRATION OF MEDICATION BY CPA PERSONNEL
(as required by Section 313.713 Ohio Revised Code)

Name of Student _____ Grade _____

Date of Birth _____ Phone _____

Please Note the following steps required for permission of school personnel to administer any medication to your child.

- For prescription medications, parent/guardian and *physician* signatures are **required**.
- All prescription medication must be current within the past 12 months.
- For non-prescription medications, parent/guardian signatures are required.
- Medication must be provided in original container with student's name and instructions from a licensed physician, nurse practitioner, or dentist.
- Non-prescription medications must be in original containers.
- New forms must be submitted at the beginning of each new school year.
- Each medication shall have a for and new forms provided when medication changes, i.e. dose and times.
- All medications must be retrieved on the last day of school. All medications not retrieved will be disposed of according to general health district guidelines.

PRESCRIPTION MEDICATIONS

Name of Medication _____ Dosage _____

Possible Side Effects _____

Date _____

Signature of physician, dentist, advanced nurse practitioner

NON-PRESCRIPTION

Name of Medication _____ Dosage _____

Time to be Administered _____ Length of Time to be Administered _____

I release and agree to hold the Columbus Preparatory Academy board, its officials, and employees harmless from any and all liability foreseeable and unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Date _____

Parent/Guardian Signature