



NORTH CANTON CITY SCHOOLS PHYSICIAN'S ORDER FOR PRESCRIBED MEDICATION



Under provisions of the Ohio Revised Code, all public schools require the following information when children require administration of prescription drugs. Please complete the following information and return to the school.

Student Last Name:	Student First Name:	Student Middle Name:
Street Address:	City:	Zip Code:
School:	Class/Grade:	Birth Date:

Name of Medication:	Dosage/Administration Instructions:
Administration of medication to BEGIN:	Administration of medication to END:
Significant side effect (adverse reactions) which should be reported to the physician:	
Special instructions for administration of the drug, include sterile conditions and storage:	
PHYSICIAN'S SIGNATURE:	PHYSICIAN'S EMERGENCY PHONE NUMBER:

With full knowledge of any emergencies, dangers, and risks related to the administration of such medication by the North Canton City Schools employees, officers, or agents, we, the undersigned, hereby waive all claims which might arise from said administration of medication to said minor child. We hereby assume full responsibility for the administration of such medication to said minor child and the results thereof. We agree to indemnify and hold harmless North Canton City School district, North Canton City Board of Education, its members, officers, employees, and agents from any and all liability relative to the administration of such medication.

- ***There must be notification to the school if there is any change in the physician's medication order.***
- ***Medication must be delivered to the school by parent/guardian in the container it was originally dispensed in by the physician or pharmacy.***
- ***Parents hereby authorize school personnel to communicate with the physician to clarify order information and communicate student progress.***
- ***It is the responsibility of the parent/guardian to retrieve any remaining medication at the end of the administration period (or school year). Any unclaimed medication will be disposed of prior to the next school year.***

Parent/Guardian's Signature:	Date:
Parent/Guardian's Home Phone Number:	Parent/Guardian's Work Phone Number:
	Parent/Guardian's Cell Phone Number: