

Brookville Local School District



Timothy L. Hopkins
Superintendent
(937) 833-2181

Tiffany Hiser
Treasurer
(937) 833-5582

Jeffery J. Requarth
Dir. of Support Personnel
(937) 833-4724 / 833-0724 (fax)

Board of Education Offices
75 June Place
Brookville, Ohio 45309
Fax (937) 833-2787

Dear Parents:

You will find on side two of this letter a form which will meet all the policies of the Brookville Local School Board and the Ohio Revised Code for administration of medication.

If your child is to have any over-the-counter medication such as Tylenol, Benadryl, or prescription medications administered at school, please complete this form and return it to school so your child will not be without his/her needed medication.

It is the policy of the Brookville Local Schools that all children's medication be administered at home; but there are times, under exceptional circumstances, medication may be administered by school personnel under appropriate administrative regulations.

Effective January 1985, Ohio law requires that the following criteria is met if the school board permits the administration of medication to students:

1. The school must receive a written request that the medication be administered to the student. This request must be signed by the parent or legal guardian of the student **and** the doctor.
2. The school must receive a statement signed by the doctor prescribing the drug which must contain all of the following information.
 - a. Student's name and address.
 - b. Student's school and class in which student is enrolled.
 - c. Name of medication and dosage to be administered.
 - d. Times at which medication is to be administered.
 - e. Date the administration of medication is to begin.
 - f. Date the administration of medication is to end.
 - g. Any severe adverse reactions that should be reported to the doctor and at least one telephone number where the doctor can be reached in an emergency.
 - h. Any special instructions for administering the medication such as storage requirements or sterile conditions.
3. The parent or guardian of the student must agree to submit a revised doctor's statement if any information of the above changes.
4. The school must receive the medication in the original container in which it was dispensed by the doctor or pharmacist.

Sincerely,

Timothy L. Hopkins
Superintendent

*The mission of Brookville Local Schools is to challenge,
prepare, and support all students to realize their full potential.*

BROOKVILLE LOCAL SCHOOLS

REQUEST FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give permission to Brookville Local Schools to administer the following medication to my child.

Name of Student _____

Address _____

Grade _____ Teacher/Homeroom _____

Name of Medication _____

Dosage _____

Times of Administration _____

Date to Begin Medication _____ Date to Stop Medication _____

Name of Prescribing Physician _____ Phone _____

Possible Adverse Reactions to Medication _____

Special Instructions for Administration or Storage _____

*** I agree to submit a revised written request signed by the physician if any of the above information changes.**

Signature of Parent/Guardian

Date

Signature of Physician

Date

*** MEDICATION MUST BE RECEIVED IN THE CONTAINER IN WHICH IT WAS DISPENSED BY THE PHYSICIAN OR LICENSED PHARMACIST.**

This form must be signed by a physician or accompanied by a medical statement from the prescribing physician.