

**OHIO DEPARTMENT OF EDUCATION
DIVISION OF EARLY CHILDHOOD EDUCATION**

REQUEST FOR THE ADMINISTRATION OF MEDICATION BY AUTHORIZED PRESCHOOL STAFF MEMBER

Rule 3301-37-04 of the Ohio Administrative Code specifies the requirements for administering medication to children in preschool programs in public schools or chartered non-public schools. This form must be completed as outlined below. **NOTE: A separate form must be completed for each medication.**

SECTION I: PARENT REQUEST FOR ADMINISTRATION OF MEDICATION (TO BE COMPLETED WHEN PRESCRIPTION OR NONPRESCRIPTION MEDICATION IS TO BE ADMINISTERED)

I hereby request and give permission to the authorized preschool staff member to administer the following medication to my child:

Name of Child		Age of Child	Name of Medication to be Administered	
Dosage	Time (s) of Dosage	Signature of Parent		Date

SECTION II: PHYSICIAN'S OR DENTIST'S INSTRUCTIONS (TO BE COMPLETED WHEN PRESCRIPTION OR NONPRESCRIPTION MEDICATION IS TO BE ADMINISTERED)

(Name of Child) _____ is under my care and should receive
(Name of Medicine) _____
as follows: (Dosage) _____
Specific instructions for administration: _____
Possible side effects: _____
Expiration date (may not exceed six months from date of this request): _____

Signature of Physician or Dentist	Date	Phone Number
Please Print Physician's / Dentist's Name		

SECTION III: MEDICATION GIVEN BY AUTHORIZED PRESCHOOL STAFF MEMBER

(Name of Child) _____ was given
(Name of Medicine) _____
(Dosage) _____, at the following time(s) on the following date(s):

Date and Time of Dosage	Amount of Dosage	Signature of Authorized Staff Member