

**Medication Administration Record (MAR)**  
**General Medication Form**  
(Including Asthma Inhaler and Epinephrine Autoinjector Use)

**Student Information**

Student name			Date of birth
Student address			
School	Grade/Class	Teacher	School year
List any known drug allergies/reactions		Height	Weight

**Prescriber Authorization**

Name of medication	Circumstance for use		
Dosage	Route	Time/interval	
Date to begin medication	Date to end medication		
Circumstances for use			
Special instructions			
Treatment in the event of an adverse reaction			
Epinephrine Autoinjector	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, as the prescriber I have determined that this student is capable of possessing and using this autoinjector appropriately and have provided the student with training in the proper use of the autoinjector.		
Asthma Inhaler	<input type="checkbox"/> Not applicable <input type="checkbox"/> Yes, if conditions are satisfied per ORC 3317.716, the student may possess and use the inhaler at school or at any activity event or program sponsored by or in which the student's school is a participant.		
Procedures for school employees if the student is unable to administer the medication or if it does not produce the expected relief			
Possible Severe Adverse Reaction(s) per ORC 3317.716 and 3313.718			
a) To the student for whom it is prescribed (that should be reported to the prescriber)			
b) To a student for whom it is not prescribed who receives a dose			
Other medication instructions			
Does medication require refrigeration? <input type="checkbox"/> Yes <input type="checkbox"/> No    Is the medication a controlled substance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Prescriber signature	Date	Phone	Fax
Prescriber name (print)			
Reminder note for prescriber: ORC 3313.718 requires backup epinephrine autoinjector and best practice recommends backup asthma inhaler.			

**Parent/Guardian Authorization**

<input checked="" type="checkbox"/> I authorize an employee of the school board to administer the above medication. <input checked="" type="checkbox"/> I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. <input checked="" type="checkbox"/> I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order.			
<input checked="" type="checkbox"/> Medication form must be received by the principal, his/her designee, and/or the school nurse. <input checked="" type="checkbox"/> I understand that the medication must be in the <b>original</b> container and be properly labeled with the student's name, prescriber's name, date of prescription, name of medication, dosage, strength, time interval, route of administration and the date of drug expiration when appropriate.			
Parent/Guardian signature	Date	#1 contact phone	#2 contact phone

**Parent/Guardian Self-Carry Authorization**

<input type="checkbox"/> For Epinephrine Autoinjector: As the parent/guardian of this student, I authorize my child to possess and use an epinephrine autoinjector, as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant. I understand that a school employee will immediately request assistance from an emergency medical service provider if this medication is administered. I will provide a backup dose of the medication to the school principal or nurse as required by law.			
<input type="checkbox"/> For Asthma Inhaler: As the parent/guardian of this student, I authorize my child to possess and use an asthma inhaler as prescribed, at the school and any activity, event, or program sponsored by or in which the student's school is a participant.			
Parent/Guardian signature	Date	#1 contact phone	#2 contact phone



## ADMINISTRATION OF MEDICATION TO STUDENTS DURING SCHOOL HOURS

All medication should be given at home when possible. The administration of prescribed medication and/or medically-prescribed treatments to a student during school hours will be permitted only when failure to do so would jeopardize the health of the student, the student would not be able to attend school if the medication or treatment were not made available during school hours, or if the child is disabled and requires medication to benefit from his/her educational program. In the event that it is necessary for a student to receive medication during the school day, the following requirements must be met prior to the administration of medication:

- ✓ **PRESCRIPTION MEDICATION:** An Administration of Medication Request form must be completed and signed by both the physician and parent/guardian.
- ✓ **OVER-THE-COUNTER MEDICATION (Nonprescription):** An Administration of Medication Request form must be completed and signed by the parent/guardian.
- ✓ The first dose of any new medication will not be administered at school in case of an allergic reaction.
- ✓ It is the student's responsibility (age appropriate) to report to the clinic at the designated time to receive the medication ordered.
- ✓ All medication **MUST** be brought to school by the parent/guardian. Students are not permitted to carry or transport medication unless previously authorized by the school, physician, and parent/guardian and is an Emergency medication (i.e.; Inhaler, EpiPen).
- ✓ All Prescription medication must be labeled appropriately by the pharmacist or physician and in its original container. The label must state the student's name, dosage, and time(s) to be taken and must match the Administration of Medication Request form.
- ✓ All Nonprescription medication must also be in its original container and labeled with a permanent marker indicating the child's name. Medication not in its original container will not be administered to the student.
- ✓ The recommended dosage on the box of the nonprescription medication will be reviewed and compared to the parent/guardians request. If the dosage exceeds amount recommended on the medicine container/box, it must be requested by a physician's order on an Administration of Medication Request form.
- ✓ The principal or appointed representative will supervise the administration of the medication in the absence of the school nurse.
- ✓ Any change to the medication must be submitted on a new Administration of Medication Request form. If a prescriptive medication is to be discontinued, a written note must be provided by the practitioner.
- ✓ New Request forms must be submitted for each new school year and for each medication.

**Parent(s)/Guardian(s) MUST pick up any unused medication. Medication will not be sent home with the child unless previously authorized and is an emergency medication. All medications not retrieved will be disposed of according to Ohio Revised Code.**