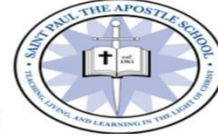




St. Paul the Apostle Catholic School  
61 Moss Road  
Westerville, Ohio 43082  
Phone: 614-882-2710 Fax: 614-882-5998



## Request to Administer Medication to a Student During School Hours Requirements

In compliance of the Ohio Revised Code section 3313.713, the Catholic Diocese Policy 5141.0 and the St. Paul School Medication Policy in the St. Paul School Handbook, students are supervised by St. Paul school nurse/faculty/staff in the administration of ANY medication, prescription or non-prescription (including Tylenol/acetaminophen, Motrin/Advil/ibuprofen, Benadryl, vitamins, food supplements, cough drops, throat lozenges). No aspirin or products containing aspirin will be administered to students because of its connection to Reye's Syndrome. **Parents or guardians and the physician's written permission with original NOT stamped signatures (NO FAXES)** are necessary on the *Request to Administer Medication to a Student During School Hours* form for medications to be taken during school hours. **ONLY PHYSICIANS ARE TO COMPLETE THE PHYSICIAN SECTION.** The physician section must be completed thoroughly and accurately.

### ALL REQUEST TO ADMINISTER MEDICATION FORMS MUST INCLUDE

- **DRUG NAME.**
  - **DOSE - Liquid medication dosages must be stated in mg. NOT teaspoons or ml's. Epinephrine injections must be stated in mg. either 0.15 mg or 0.3 mg. Pills must be stated in mg. or a specific unit of measure NOT 1 pill or 2 pills. Example: Motrin 200 mg every 8 hours as needed for a headache.**
  - **ROUTE -Needs to be specifically stated as oral, IM, SQ, topical, inhaler, otic, ophthalmic.**
  - **FREQUENCY- Needs to be specifically stated such as every 4 hours as needed (prn).**
  - **DIAGNOSIS/REASON for administration.**
  - **ANY POSSIBLE SEVERE REACTIONS. AND SPECIAL INSTRUCTIONS.**
  - **START DATE AND EXPIRATION DATE (new completed medications forms are required for each school year).**
  - **ORIGINAL PARENT AND PHYSICIAN SIGNATURE. (NO FAXES)**
  - **PARENT AND PHYSICIAN CONTACT PHONE NUMBERS.**
  - **Epinephrine Autoinjectors require an additional self-carry form and an Allergy Action Plan to be completed by the parent and physician if the student will be self-carrying. The clinic **MUST** be provided with an Epinephrine autoinjector.**
  - **Asthma inhalers require an additional self-carry form and an Asthma Information Form to be completed by the parent and physician if the student will be self-carrying. It is highly recommended that an Asthma inhaler be provided to the clinic.**
  - **ONE MEDICATION PER FORM.**
- \*\*\*\*\* PLEASE CHECK YOUR COMPLETED MEDICATION FORMS THOROUGHLY BEFORE YOU LEAVE THE PHYSICIAN'S OFFICE.\*\*\*\*\*

### IMPORTANT MEDICATION REQUIREMENTS

- Medication must be in original prescription and/or non-prescription containers.
- The label on the medication container **must** match the order written by the **prescribing** physician on the *Request to Administer Medication to a Student During School Hours* form.
- **ALL PRESCRIPTION MEDICATIONS MUST HAVE A PHARMACY LABEL**
- Please check the medication expiration date as **no expired medication will be accepted.**
- Watch for recalls for medication and notify the clinic if a medication has been recalled.
- Make sure to note when your medication expires and send a replacement to the clinic before expiration.
- All medications are kept in the clinic.

Forms can be obtained from Mrs. Johnson, M.S., R.N., Licensed School Nurse in the clinic. For any questions regarding medications, please call Mrs. Johnson at 614-882-6892 or email to [bjohnson@stpaulk-8.org](mailto:bjohnson@stpaulk-8.org).  
(revised 5/5/15)