

# Fairland Local School District

## Board of Education

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228 Pvt Dr 10010

Proctorville, OH 45669  
Telephone: 740-886-3100  
Fax: 740-886-7253

Roni Hayes, Superintendent

Loretta Wirzfeld, Treasurer  
TJ Cochrane, Secretary  
Wendy McGoon, Acct Payable  
Mark Henson, Payroll

## Physician Order for Medication

East Elementary Phone 740-886-3120/ Fax 740-886-7630

West Elementary Phone 740-886-3150/ Fax 740-886-5259

Middle School Phone 740-886-3200/ Fax 740-886-5125

High School Phone 740-886-3250/ Fax 740-886-6738

**Please Read Carefully:** In order to give medication at school, the information below must be completed by parents/guardians and signed by your attending physician. You may have your physician fax this information to the appropriate school.

**Student's Name** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Homeroom teacher** \_\_\_\_\_

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Date to begin medication or treatment: \_\_\_\_\_

Date to stop medication or treatment: \_\_\_\_\_

### **I give permission for the following personnel to give my child the medication listed below:**

- |   |  |                                    |
|---|--|------------------------------------|
| 1. Melissa Buchanan, BSN, RN              | 8. Molly Wyner, Counselor, F. West       | 16. Darah Snyder, Counselor, FHS   |
| 2. Ashley Whitley, RN                     | 9. Michelle Bloss, Secretary, F. West    | 17. Renee Marshall, Counselor, FHS |
| 3. Jennifer Graham, Principal, F. East    | 10. Aaron Lewis, Principal, FMS          |                                    |
| 4. Bridget Speed, Asst Principal, F. East | 11. Daniel Wireman, Asst. Principal, FMS |                                    |
| 5. Tanya Adkins, Secretary, F. East       | 12. Teresa Jones, Secretary, FMS         |                                    |
| 6. Courtney Sowards, Counselor, F. East   | 13. Kim Frasher, Counselor, FMS          |                                    |
| 7. Abbie Pannell, Principa, F. West       | 14. Tessa Leep, Principal, FHS           |                                    |
| 8. Drew Hussell, Asst. Principal, F. Wes  | 15. David Carroll, Asst. Principal, FHS  |                                    |

### **Name of Medication:**

1. \_\_\_\_\_ Dosage \_\_\_\_\_ Every \_\_\_\_\_ (Hour/s) or \_\_\_\_\_ (time)

2. \_\_\_\_\_ Dosage \_\_\_\_\_ Every \_\_\_\_\_ (Hour/s) or \_\_\_\_\_ (time)

3. \_\_\_\_\_ Dosage \_\_\_\_\_ Every \_\_\_\_\_ (Hour/s) or \_\_\_\_\_ (time)

Treatment: \_\_\_\_\_ Frequency \_\_\_\_\_

**Physician's signature** \_\_\_\_\_

Physician Name \_\_\_\_\_ Telephone \_\_\_\_\_

\*\*Adverse reactions we need to be aware of: \_\_\_\_\_ . If side effects or adverse reactions occur, please report to Physician: \_\_\_\_\_ or Parent/Guardian \_\_\_\_\_ .

Medication: Must be current prescription and have the student's name and dosage on the bottle. If non-prescription medication is needed, the student's name, date, and reason for medication will need to be written on the bottle. Student should not carry medication with them.

It should be left in the clinic. **Parent Signature:** \_\_\_\_\_ Date \_\_\_\_\_ .

Fairland Local School District

Parental Release for Medication to be given at school

**Please read carefully:** You are releasing the Board of Education and its employees of any liability concerning the administration or non-administration of a medication to your child.

I, \_\_\_\_\_, and I,  
\_\_\_\_\_, Parents or guardians of  
\_\_\_\_\_, a minor, acknowledge sole responsibility for the administration of medication/s of any nature to my minor child, but find it financially inconvenient to administer the within named medication to said minor during school hours or while said minor is on school premises or attending school functions.

For consideration of the Board of Education, its employees or agents agreement to administer medication, namely \_\_\_\_\_, we, as parents or guardians of said minor release, acquit and forever discharge FAIRLAND LOCAL SCHOOL DISTRICT EMPLOYEES, from any and all actions, causes of action, claims and demands, damages, costs, loss of services, expenses and compensation on account of injuries, or sickness of said minor in any way resulting from the administration or non-administration of medication to said minor presently, or in the future.

In further consideration of the foregoing, we agree to repay, indemnify and hold harmless FAIRLAND LOCAL SCHOOL DISTRICT EMPLOYEES, for payments made by it or them toward any and all claims or demands, judgement, costs or expense, including the settlement of any claims arising out of injuries or sickness of said minor which might result from the administration or non-administration of the above said medication, regardless of to whom paid.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Witness:

\_\_\_\_\_  
Parent or Guardian of said minor

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Parent or Guardian of said minor

\_\_\_\_\_  
Witness