

**Willoughby-Eastlake City Schools  
Medication Administration Record (MAR)  
General Medication Form**

**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			
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)			

**Parent/Guardian Authorization**

<input type="checkbox"/> I authorize an employee of the school board to administer the above medication. <input type="checkbox"/> I understand that additional parent/prescriber signed statements will be necessary if the dosage of medication is changed. <input type="checkbox"/> I also authorize the licensed healthcare professional to talk with the prescriber or pharmacist to clarify medication order.			
<input type="checkbox"/> Medication form must be received by the principal, his/her designee, and/or the school nurse. <input 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.			
<input type="checkbox"/> Medication ordered is authorized for use at 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

**Parent/Guardian Self-Carry Authorization**