

THE MARITIME ACADEMY OF TOLEDO
MEDICATION DISPENSING FORM

Complete this form only if and when your student is to receive medication.

Medication will be administered to students during school hours only when such medication is needed by the student to remain in the school. No medication will be administered to any student without proper completion of the Medication Dispensing Form. The form should also be used for non-prescription drugs to be administered and must also have a physician's signature. All medication to be administered by The Maritime Academy of Toledo personnel must be delivered in the original and properly labeled container to a school administrator, along with the Medication Dispensing Form. Prescription and non-prescription medicine will be locked in a secure building location. All controlled medications must be delivered to the school by an adult, counted, and recorded on the student's medication log. Failure of the parent / guardian to provide documentation will require the parent / guardian to be present in the school to dispense the medication personally.

TO BE COMPLETED BY PHYSICIAN / DENTIST

Student's Name _____ Birth date _____

Street Address _____ City _____ Zip _____

Name of Medication _____

Specific Dosage _____ Frequency _____

Special Instructions _____

Adverse/Severe Reactions _____

Reason for Medication _____

Effective Dates From _____ To _____

This medication can be safely administered by non-medical personnel: ___ Yes ___ No

It is my understanding that the administration of The Maritime Academy of Toledo is charged with the administration of this treatment procedure and that this person relies on the directions given in this document. I further certify that I am the physician or dentist who prescribed the treatment and that the student named above is under my supervision as a patient.

Signature of Physician / Dentist: _____

Printed Name of Physician / Dentist: _____

Address: _____

Telephone: _____ Fax: _____ Today's Date _____

TO BE COMPLETED BY PARENT / GUARDIAN

As parent / guardian of the above named student, I hereby request that the treatment described above be administered to my student. I release The Maritime Academy of Toledo and its employees from liability for any damages my student may suffer as a result of this request.

Signature of Parent or Guardian: _____ Date _____

Home Phone: _____ Work Phone: _____ Cell Telephone: _____