

Chesapeake Schools

Medication Administration Record (MAR)

(Including Inhaler and Epinephrine Autoinjector Use)

In accordance with ORC 3313.718/3313.141

Prescription & over-the-counter medication administration during the school day is discouraged unless medically necessary for the student's health, safety & optimal learning. In the event that this is necessary, certain procedures *must* be followed. Medication must be in the original container & properly labeled. A MAR must be completed & signed by the prescribing physician & parent. Any change in medication will require a new MAR and new labeled container. A new MAR is required every school year. It is strongly recommended that medication be dropped-off & picked-up by the parent or other parent-designated adult.

Student Information

| | | | | |
|--------------|---------------------|--------|-------|---------|
| Student Name | School Year | School | Grade | Teacher |
| D.O.B. | Any Known Allergies | | | |

Prescriber Authorization

| | | | |
|---|-------------|------------------|------|
| Name of Medication | | Reason for Use | |
| Date to Begin | Date to End | Time to be Given | |
| Dosage | | Route | |
| Special Instructions | | | |
| For Epinephrine Autoinjector (as required by law, 911 is to be called immediately if medication is used): <input type="checkbox"/> Keep the autoinjector in the school office instead of in the student's possession <input type="checkbox"/> As the prescriber, I have determined that this student is capable of possessing & using this autoinjector appropriately & have provided the student with training in its proper use. A backup dose has been prescribed & will be kept in the school office as required by law. | | | |
| For Rescue Inhaler: <input type="checkbox"/> Keep the inhaler in the school office instead of in the student's possession <input type="checkbox"/> As the prescriber, I have determined that this student is capable of possessing & using this inhaler appropriately & have provided the student with training in its proper use. I understand that best practice recommends a backup inhaler be kept in the school office. | | | |
| Possible Severe Adverse Reaction(s) per ORC 3317.716 & 3313.718 | | | |
| a) To the student for whom it is prescribed (that should be reported to the physician) | | | |
| b) To a student for whom it is not prescribed who inadvertently receives a dose | | | |
| Prescriber Signature | | | Date |
| Address | | Phone | Fax |

Parent/Guardian Authorization

| | |
|---|------------------|
| I agree with the prescriber information above. I authorize an employee designated by the school board to administer the above medication. I also authorize the school nurse to contact the prescriber or pharmacist to clarify information regarding this medication order. | |
| Parent/ Guardian Signature | Date |
| #1 Contact Phone | #2 Contact Phone |

| | | | |
|------------------------------|---|----------------|--------------------|
| School Nurse Signature | | | Date |
| Chesapeake High School | 10181 County Road One, Chesapeake, OH 45619 | (740)867-5958 | Fax: (740)867-1130 |
| Chesapeake Middle School | 10335 County Road One, Chesapeake, OH 45619 | (740) 867-3972 | Fax: (740)867-1120 |
| Chesapeake Elementary School | 11359 County Road One, Chesapeake, OH 45619 | (740)867-3448 | Fax: (740)867-1110 |