



### **AS NEEDED MEDICATION/PROCEDURES**

In order to give your child **any medication** or perform **any procedure**, we must have a written order from your child's physician.

Every year, we have situations arise when a child could benefit from a medication or procedure here at school that initially is overlooked when the forms are taken to the physician for signatures.

Here are some suggestions for medications/procedures that are frequently overlooked. Depending on your child's situation you may want to include these physician orders before the need arises:

- Tylenol or Advil as needed for a headache/pain/fever
- Suctioning (oral or nasal) as needed
- Nebulizer treatments (breathing treatments)
- Re-insertion of Mic-Key g-tubes
- Antacids
- Allergy Medications

As always, if you have any questions, please feel free to contact me at [mwiederhold@clermontdd.org](mailto:mwiederhold@clermontdd.org) or (513) 732-7017.

Sincerely,

Martha Wiederhold, RN



**AUTHORIZATION FOR SCHOOL ADMINISTRATION OF MEDICATION(S)/PROCEDURES**

NAME:		DATE OF BIRTH:	
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ALLERGIES:	
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Medication/ Procedure:		Start Date:	<input type="checkbox"/> Start of School Year <input type="checkbox"/> Other:
Dosage/Route/Time:		End Date:	<input type="checkbox"/> End of School Year <input type="checkbox"/> Other:
Possible Side Effects:			
Comments:			

Medication/ Procedure:		Start Date:	<input type="checkbox"/> Start of School Year <input type="checkbox"/> Other:
Dosage/Route/Time:		End Date:	<input type="checkbox"/> End of School Year <input type="checkbox"/> Other:
Possible Side Effects:			
Comments:			

Medication/ Procedure:		Start Date:	<input type="checkbox"/> Start of School Year <input type="checkbox"/> Other:
Dosage/Route/Time:		End Date:	<input type="checkbox"/> End of School Year <input type="checkbox"/> Other:
Possible Side Effects:			
Comments:			

The provider who follows this student recommends the above medication regimen.

_____ <b>PROVIDER PRINTED NAME</b>	_____ <b>PROVIDER SIGNATURE</b>	_____ <b>PROVIDER NPI#</b>	_____ <b>DATE</b>
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Medications will be given as directed by the provider. Please notify us immediately if there are any changes.  
Any changes will require a new written order by the provider.

**This information may be shared with the student's district of service.**

**ALL MEDICATIONS MUST BE IN THE ORIGINAL PHARMACY- LABELED CONTAINER**