

Little Miami Local Schools
Authorization to Wear Transdermal Medication Patch

Student's Name

Date of Birth

School

Grade

The following steps are required for your child to wear a transdermal medication patch at school:

1. Both the parent and the licensed prescriber must complete and sign this form.
2. The student must agree to the items listed under *student contract* and sign the form.
3. New forms must be submitted each school year, for each new medication, and when any changes to the original form occur.

Parent/Guardian Section

I request and give permission for my child to wear a transdermal medication patch according to the directions of the licensed prescriber in the following section. I authorize the exchange of information between the health care provider and the school regarding my child's transdermal medication patch when deemed necessary by school personnel. I understand that my child must adhere to the items listed under *student contract*. I will notify the school of changes in medication or my child's condition.

Signature of Parent

Date

Licensed Prescriber Section

I verify that this medication must be worn by:

Name of the student

Diagnosis for which medication is prescribed

Medication

Strength

Instructions or precautions, including possible side effects

Possible adverse reactions to a student for which this medication is not prescribed who receives a dose

As the prescriber, I have determined that this student is capable of wearing the transdermal medication patch appropriately and have provided the student with training in the proper use of the patch.

Licensed prescriber signature

Date

Licensed prescriber printed name

Phone Number

Student Contract

The student agrees to never share the medication with another student. The student may be subject to disciplinary action if he/she does not wear the transdermal patch in a safe and appropriate manner.

Student Signature

Date