

Dover City 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/nebulizer 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
Dover High School: 520 N. Walnut St., Dover, OH 44622	(330) 364-7124	Fax: (330) 364-7142
Dover Middle School: 2131 N. Wooster Ave. “	(330) 364-7121	Fax: (330) 364-7127
Dover Ave. Elementary: 125 W. 13 th St. “	(330) 364-7117	Fax: (330) 343-7636
East Elementary: 325 Betscher Ave. “	(330) 364-7114	Fax: (330) 343-8526
South Elementary: 280 Shafer Ave. “	(330) 364-7111	Fax: (330) 343-3976