

# 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			
<b>For Epinephrine Autoinjector</b> (as required by law, <b>911 is to be called immediately</b> 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.			
<b>For Rescue Inhaler:</b> <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 <sup>th</sup> 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