Prescription Medication Only

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

This form is to be used for students attending Anna Local, Botkins Local, Fairlawn Local, Ft. Loramie Local, Hardin-Houston Local, Jackson Center Local, Russia Local, Cooperative Learning Center, and Sidney City Schools

PHYSICIAN: PLEASE COMPLETE:

Student's Name:____ Date of Birth:___________________

Address: ______________________________________ School District:_________________________

City:____ State: _________ Zip: ______________

The above named student is under my care and should receive:

Name of Drug: ____

Why should this drug be administered at school?:____

Dosage: ___________________________________ Times: _________________

Special instruction for administration:

____

Side effects to watch for: ____

Beginning Date of Request: _____________ Expiration date of this request:____________

Physician's Phone Number: _____________ Physician's Signature_____________________Date: ___________

Any Medication

PARENT'S PERMISSION FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give my permission to the principal or a designee (secretary, teacher, or other responsible person) to administer the following medication to my child:

Name of Child: _________________________________ School: ________________________ Grade: _______

Name of Drug: ______________________ Dosage: ___________________________

At the following time(s): ____

Beginning__________________________ and until____________________________
Expiration date

_________________ ____________________________________ __________
Parent's Phone # Signature of Parent or Guardian Date

NOTE: THE PARENTS OF THE CHILD MUST ASSUME RESPONSIBILITY FOR INFORMING THE PRINCIPAL OF ANY CHANGE IN THE CHILD'S HEALTH OR ANY CHANGE IN THE PRESCRIBED MEDICATION. ANY CHANGES TO THE ABOVE PRESCRIPTION (DOSAGE OR ADMINISTRATION) WILL REQUIRE THE COMPLETION OF A NEW FORM. PARENTS **MUST** SEND MEDICATION TO SCHOOL IN ITS **ORIGINAL** CONTAINER.

____ Date____________________
School Official's Signature (Acknowledging Receipt)

02/99