

MILFORD EXEMPTED VILLAGE SCHOOLS
PROVIDER'S OR LICENSED INDIVIDUAL REQUEST FOR THE ADMINISTRATION OF PRESCRIPTION MEDICATION BY SCHOOL PERSONNEL

(Required in accordance with Ohio Revised Code 3313.713)

It is necessary that \_\_\_\_\_ (student's full name) residing at \_\_\_\_\_, and a Student in the \_\_\_\_\_ grade at \_\_\_\_\_ School must take medication, which I have prescribed, during the school day.

Table with 4 columns: Medication, Dosage, Time(s), Duration. Includes a note: (Name as it appears on container)

Possible reactions to be reported to the provider:

Special instructions for medication administration:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_
Providers Signature Print Name Phone Number
Address Date

I/We the parent(s) of \_\_\_\_\_ assume responsibility For the safe delivery of my son's/daughter's medication and the signed permission forms to school. I/We will notify the school if the medication, dosage, or physician is changed

Parent's Signature Phone Date

NO PRESCRIPTION MEDICATION WILL BE GIVEN WITHOUT A PRESCRIBER'S ORDER

Revised: 1994, 1996, 1997, 1998, 1999
Revised: 6/20/02
Reviewed: 3/16/07