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		
Cabaal			
school day.	must take medic	ation, which I have	prescribed, during the
5			
<u>Medicatio</u> n (Name as it appears on container)	<u>Dosage</u>	<u>Time(s)</u>	<u>Duration</u>
Possible reactions to be reported to	the physician:		
Special instructions for medication	administration:		
//		/	
Provider's Signature	Print Name		Phone Number
Address			Date
******	*******	********	******
I/We the parent(s) of delivery of my son's/daughter's me will notify the school if the medicat	dication and the	signed permission	forms to school. I/We
Parent's Signature		Phone	Date
NO PRESCRIPTION MEDICATIO	N WILL BE GIV	EN WITHOUT A	PRESCRIBER'S ORDER

Milford Exempted Village School District, Milford, Ohio