AUGLAIZE COUNTY EDUCATIONAL SERVICE CENTER
1045 Dearbaugh Ave., Suite 2
Wapakoneta, Ohio 45895

REQUEST FOR THE ADMINISTRATION OF MEDICATION BY AUTHORIZED STAFF MEMBER

I request the medication described below be administered to my student named ______________________________ by an authorized trained staff member. I understand I must submit a revised statement signed by physician if any changes occur during the school year.

1) All medication must be brought to school by parent/guardian.
2) All medication must be received in the original prescription bottle properly labeled by a registered pharmacist as prescribed by law. All medication must be labeled with the student's name, dosage, and medication name.
3) Nonprescription medication (over the counter) will not be administered within the school except with doctor's written orders.

______________________________ ______________________________
Signature of Parent/Guardian Emergency Phone Number

______________________________ ______________________________
PRINT Parent/Guardian Name Date

PHYSICIAN'S OR DENTIST'S ORDER FOR PRESCRIPTION MEDICATION

State Law requires the following information when student needs administration of prescription drugs during school. Please have doctor complete and turn into classroom teacher.

Name of Student: ______________________________ is under my care and should receive

Name of Medication: ______________________________

Dosage to be Administered: ______________________________

Medication Administration Start Date: ____________________ End Date: ____________________

Times at which the medication is to be administered: ______________________________

Specific instructions for administration: ______________________________

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Significant side effects which should be reported: ______________________________

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______________________________ __________ ______________________________
Signature of Physician or Dentist Date Emergency Phone Number

PRINT Physician/Dentist name ______________________________

THERE MUST BE WRITTEN NOTIFICATION TO SCHOOL IF ANY INFORMATION CHANGES.