

Miami Valley Career Technology Center

6800 Hoke Rd., Clayton, OH 45315

School Nurse's Phone Number- 937-854-6261

FAX Number- 937-837-1594

Administration of Prescription Medication

Since medication for the student named below cannot be scheduled for other than school hours, it is requested that school personnel administer the medication indicated below. I understand that non-medical school personnel may supervise the administration of this medication. *Please note that for safety reasons, some medications are not school appropriate. These would include medications that cause drowsiness and or dizziness. Contact the school nurse for any questions or concerns.

Name of Student _____

Student Grade _____ DOB _____ Student Program _____

Medication Name (Name, dosage, route) _____

Reason for Use _____

Date to Begin _____ Date to Cease _____

Time or intervals dosage of drug is administered: _____

Special instructions and/or adverse affects: _____

Date of this request _____ **Physician's Signature** _____

Physician's Address _____

Physician's Phone Number _____

ALL MEDICATION SENT TO SCHOOL MUST BE IN THE ORIGINAL CONTAINER LABELED WITH THE STUDENT'S NAME, MEDICATION NAME, AND THE PRESCRIBED DOSAGE AND BROUGHT IMMEDIATELY TO THE CLINIC. PARENT WILL NOTIFY THE SCHOOL IMMEDIATELY IF THE MEDICATION OR DOSAGE CHANGES OR IF THE MEDICATION IS DISCONTINUED.

Parent/Guardian Signature _____

Date _____ Daytime Phone Number _____