



New Albany Plain Local Schools

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

Name of Student: _____ Grade: _____

Address: _____

The above mentioned student is under my care for (diagnosis): _____

And should receive (Name of drug, dosage, route): _____

At the following time(s): _____

Administration to begin: _____ Administration to end: _____

Specific instructions for administration: _____

Possible side effects: _____

Name of Physician: _____

Address/Phone: _____

Signature of Physician: _____ Date: _____

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

I hereby request and give my permission to the principal or his delegate (school nurse or other responsible person) to administer the following medication to my child. I agree to deliver the medicine to the school in the container in which it was dispensed by the prescribing physician or licensed pharmacist. I grant permission for the school nurse to confer with the above licensed prescriber regarding my child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs. If the above information changes, I will submit a revised statement signed by the physician.

Name of Student: _____

Name of Drug: _____ Dosage: _____ Route: _____

at the following time(s): _____

Signature Parent/Guardian: _____ Date: _____

Please fax back to New Albany Plain Local School

Attn: School Nurse

Early Learning Center (PK/K) - Joy Norton (norton.12@napls.us) 614-413-8706 (Clinic) 614-413-8701 (Fax)

Primary School (Gr 1-3) - Brian Weikert (weikert.1@napls.us) 614-413-8608 (Clinic) 614-413-8601 (Fax)

Intermediate School (Gr 4-6) Brian Weikert 614-741-3007 (Clinic) 614-741-3001 (Fax)

Middle School (Gr 7-8) - Martha Bohman (bohman.5@napls.us) 614-413-8512 (Clinic) 614-413-8511 (Fax)

High School (Gr 9-12) – Martha Bohman 614-413-8317 (Clinic) 614-413-8301 (Fax)