



YELLOW SPRINGS EXEMPTED VILLAGE SCHOOL DISTRICT

Mills Lawn School
937.767.7217

YS Middle and High School
937.767.7224

ysschools.org

THE MEDICAL PROVIDER TO COMPLETE THIS PART:

REQUEST for Assistance in Self-Administration of Prescribed Medication at School.

Since medications for students listed below cannot be scheduled for other than school hours, and the administration of these medications may be supervised by personnel who do not have medical training, school personnel will assist in self-administer medications as indicated below.

1. Name of the student: _____
2. Student's address: _____
3. Medicines to be administered (name, amount, time of day, special instructions, sterile conditions, and how to store medicine) **MUST BE IN ORIGINAL LABELED CONTAINER**
 - a. Name of Medication _____
 - b. Dose _____
 - c. Indication _____
 - d. Route _____ Time given _____
 - e. Special instructions (storage, precautions, sterility)

If you ever have an adverse reaction to the medication, report it to:

Doctor _____ at _____ (Phone Number)

Date to start and stop medication: _____ / _____

Date of request: _____

Doctor's Signature: _____

Doctor's address: _____

Doctor's phone number: _____

SCHOOL PERSONNEL TO COMPLETE THIS PART: Authorized personnel:

Signature of school personnel: _____

Date: _____