MONTPELIER EXEMPTED VILLAGE SCHOOLS
1015 EAST BROWN RD.
P.O. BOX 193
MONTPELIER, OHIO 43543

PHONE: (419) 485-6704
FAX: (419) 485-4318

Request for Administration of Medication by School Personnel

Student Information

Student Name:	Date of Birth:
Student Address:	
School:	Grade:
Parent/Guardian Name (printed):	Parent/Guardian Phone #:
Parent/Guardian Signature:	Date:

- My student may self carry their rescue inhaler. Initial_____

Medication Information

Name of Medication:		
Dosage:	Route:	Time/Interval:
Date to Begin Medication:	Date to End Medication:	

Prescriber Information (For prescription medications only)

Side Effects:	
Possible Severe Adverse Reaction(s) per ORC 3313.716 and 3313.718: a) To the student for whom it is prescribed (that should be reported to the prescriber):	
b) To a student for whom it is not prescribed who receives a dose:	
Special Instructions:	
Prescriber Name (printed):	Prescriber Emergency Phone #:
Prescriber Signature:	Date:

SUPERINTENDENT
MR. TRAVIS LICHTY
SMELTZER

CFO/TREASURER
ERIC

In partnership with family and community, the Mission of the Montpelier Exempted Village School District is to educate students to their maximum potential and motivate them to be productive and responsible citizens.