SCHOOL DISTRICT PARENT OR GUARDIAN'S REQUEST THAT A DRUG BE ADMINISTERED TO A STUDENT BY SCHOOL PERSONNEL In accordance with the provisions of Section 3313.713, Revised Code of Dhio, and the policy
Board of Education, the following form must be completed in

	ned prior to the adminis				,		
			PRINT OR TYPE)				
admini	I hereby request th ster a drug to:	at personnel of th	ne Live	as Lo	al .	School District	
	Name						
	Address						
		*					
	City	State	Zip	Code			
	School Building	High.	School	Grade_			
in acc	ordance with the instruc	ctions from the ph	ysician listed	below.			
PLEASE HAVE BE IS TO E THE BUI DATE OF	I agree to immediate any of the information such Revised Physician's the the Physician's State NOTE: THE DRUG TO BE A SEN PRESCRIBED FOR THE SE ADMINISTERED AND MUST LDING PRINCIPAL IN ADVA ADMINISTRATION IN SUFF	Statement is recrement which I have been been been been been been been be	sized, that scheen provided. Signature of charge or ca	ment change. nool personne	l furthe	en's Statement r acknowledge t erate in accord Person having	
AND MUS WAS DIS	T FURTHER BE IN THE COIN PENSED BY THE PRESCRIBI D PHARMACIST	TATHER THE LITTER TH	Name				
			Address				
Date		.	City		State	7	
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rnis	SICIAN'S STATEMENT CONCE			TO A STUDENT	BY SCHOO	L PERSONNEL	
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	TIAL STATEMENT		REVISED STATE	ment			
	ent's Name						
Stud	ent's AddressStree	t .		ity	6		
Scho				-	State	Zip Code	
Name	of Drug	Horr ndminin		<u> </u>	GradeDosage		
Time	s or intervals of admini	ictration	cered	Dc	sage		
Date	s or intervals of admini						
Sever	administration to begin	D	ate administra	tion to cease			
Phoes	re reactions that should	, he reported to the	ne physician				
- 11.ys.1	cian's phone numbers	ollowed in the ad-	ministration of	this drug,	e.g, ster	ile conditions,	
speci		····				• •	
speci	·						
speci			Prescribing Ph	ysician's Si	gnature		
-			Prescribing Ph		gnature		