

Allen County Educational Service Center
1920 Slabtown Rd.
Lima, OH 45801
Telephone: 419-222-1836

ED Program
Ext. 202 Fax: 419-222-1363
Alternative Program
Ext. 207 Fax: 419-222-2107

Physician's Medication Request Form

This form **must have** every item completed or the medication will not be administered.

Name of Student _____ Date of Birth _____

Address of Student _____

Home School and Grade _____

Name of Prescription Medication _____

Dosage of Prescription Medication _____

Times or intervals of medication _____

Date administration is to begin _____ and end _____

Any severe reactions that should be reported to the physician:

Special instructions (including sterile conditions and storage):

Physician's Signature Telephone Number Date

Emergency Phone Number (s)

The parent/guardian agrees to submit a revised statement signed by the physician if any of the information originally provided by the physician changes. Medications must be received by the Allen County Educational Service Center's ED/Alternative Office in the containers dispensed by the prescribing physician.

**MEDICATION MUST BE BROUGHT TO THE SCHOOL BY THE PARENT OR GUARDIAN
UNLESS OTHER ARRANGEMENTS ARE MADE IN ADVANCE.**

Parent or Guardian Request

I hereby request that _____ be administered the above prescription medication as prescribed by his/her physician. I have read and understand the student medication policy, and will comply with its terms.

Parent/Guardian Signature Address