Allen County Board of DD
Marimor School
2550 Ada Road
Lima, OH 45801-3340
(419) 221-1262 FAX 225-5184

Contact: Peggy Cockerell, Director of Education or
Julia Vorst, BSN, RNC, School Nurse

REQUEST FOR THE ADMINISTRATION OF MEDICATION

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____is my patient and should receive:
(Student's Name)

Name of Drug(s)	Dosage	Designated time(s)
______________________________	___________	___________________________
______________________________	___________	___________________________
______________________________	___________	___________________________

Possible side effects to watch for: ____
____

Special instructions regarding this medication:
____

Student Allergies: Drug _____________________________ Environmental (i.e. Dust, molds) ________________

Allergy treatments: Drug ____________________________ Environmental (i.e. Dust, molds) ________________

Expiration date of this Authorization: ____

Today's Date _________________ Physician's Signature ___________________________________

____
Address

____
Phone FAX

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PARENT/GUARDIAN REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give my permission to the School Nurse or her delegate to administer the above authorized medication to my child:

Student's Name: ____

I agree that it is my responsibility to supply the medication in the original prescription container and notify the school of any changes.

My child may also take Tylenol during school hours. **Yes** **No**
A phone call or note will be sent home indicating the time Tylenol was given.

My child may receive triple antibiotic cream as needed at nurse's discretion. **Yes** **No**

Today's Date ____________ **Parent/Guardian Signature** ____

Please list all medication that your child takes at home.

Medication	Dose and Time	Reason
____________________	____________________	__________________________
____________________	____________________	__________________________
____________________	____________________	__________________________
____________________	____________________	__________________________