



# LICKING HEIGHTS LOCAL SCHOOLS

6539 Summit Rd. SW, Pataskala, OH 43062

p. (740) 927-6926 | f. (740) 927-9043

## PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

The above mentioned student is under my care for (diagnosis) \_\_\_\_\_

And should receive (Name of Drug, dosage, route) \_\_\_\_\_

at the following time (s) \_\_\_\_\_

Administration to begin \_\_\_\_\_ Administration to end \_\_\_\_\_

Specific Instructions for administration: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENT'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give my permission to the principal or his delegate (school nurse or other responsible person) to administer the following medication to my child. I agree to deliver the medicine to the school in the container in which it was dispensed by the prescribing physician or licensed pharmacist. I grant permission for the school nurse to confer with the above licensed prescriber regarding my child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs. If the above information changes, I will submit a revised statement signed by the physician.

Name of Student: \_\_\_\_\_

Name of Drug: \_\_\_\_\_ Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

at the following time(S) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

**Please fax back to Licking Heights Local Schools Clinic Attn: School Health Aide**

**West Elementary: Fax 614-501-4672; Phone 614-864-9089**

**South Elementary: Fax 740-964-1625; Phone 740-964-1674**

**North Elementary: Fax 740-927-5736; Phone 740-927-3268**

**Central Intermediate: Fax 740-927-5845; Phone 740-927-3365**

**Licking Heights Middle School: Fax 740-927-3197; Phone 740-927-9046**

**Licking Heights High School: Fax 740-927-0508; Phone 740-964-9005**