

St. Rose Catholic School

REQUEST FOR THE ADMINISTRATION OF MEDICATION

Rule 5101:2-12-51 and Rule 5101:2-12-50 of the Ohio Administrative Code specify the requirements for administering medication.
This form must be completed as outlined below.

Section I: Physician's Instructions

(Name of child) _____ is under my care and should receive
(name of medicine) _____
(dosage) _____, as follows _____

Specific instructions for administration: _____
Possible side effects to watch for: _____
Expiration date (may not exceed six months from date of this request if prescribing medicine) ____/____/____

Signature of Physician	Date of Signature	Telephone Number
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Note: If Medication or vitamin is a prescription from pharmacy, physician's instructions and signature will not be required. Instead of having the above section completed, the parent completes the chart below:

Rx Number	Pharmacy
Street Address	Telephone Number

Section I does not need to be completed for certain nonprescription items. Fever-reducing medicines that do not contain aspirin; cough or cold medications that do not contain codeine; and tropical ointments, creams or lotions.

Section II: Parent/Guardian Request for Administration of Medicine

I hereby request and give permission to the administrator or his delegate to administer the following medication:

Name of Child	Name or item to be Administered	Dosage	Time(s) of Dosage
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Signature of Parent or Guardian	Date of Signature
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Section III: Medication Given

(Name of child) _____ was given
(name of medicine) _____
(dosage) _____, at the following time(s) on the following date(s):

Date of Dosage	Amount and Time of Dosage	Signature of Personnel Administering

(Use reverse side to record additional dosages, if needed.)

