



"To Teach, To Nurture, To Serve"

Physician: \_\_\_\_\_

FAX: \_\_\_\_\_

- ☐ Ironton Elementary School (740)532-3077 (Fax)  
☐ Ironton Middle School (740)532-3077 (Fax)  
☐ Ironton High School (740)533-6027 (Fax)

### Physician Request for the Administration of Medication by School Personnel

\_\_\_\_\_ is under my care for \_\_\_\_\_  
Student's Name Diagnosis

and should receive \_\_\_\_\_  
Name of Medication Dosage and route at the following times

Specific instructions for administration \_\_\_\_\_

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

Expiration date of this request: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_\_  
(Please Print)

Physician's Address \_\_\_\_\_

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

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### Parent's Request for the Administration of Medication by School Personnel

I hereby request and give permission to the principal or his/her designee to administer the following medication to my child and permission to share any medical information with the physician on their behalf.

Name of child \_\_\_\_\_ Name of Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Route \_\_\_\_\_ Times \_\_\_\_\_

☒ Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

Nurse Signature \_\_\_\_\_ Date: \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date: \_\_\_\_\_

Case Notes: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_