

Woodmore Local School District

115 Water Street Woodville, Ohio 43469
Fax (419) 849-2132 (419) 849-2381

**PHYSICIAN/PARENT FOR THE ADMINISTRATION OF
MEDICATION BY SCHOOL PERSONNEL**

Name of Student: _____

Address of Student: _____

_____ should be given at the following
(name of medication, dosage, route)
time _____. This student is receiving this medication for the following
_____.
(Diagnosis/Reason for medication)

Possible side effects to watch for: _____

Expiration date of this request: _____

(Physician's Signature/date)

(Address)

(Phone Number)

I authorize the school to administer the above medication to my child.

(Signature of Parent/Legal Guardian)

(Date)

*****If at all possible, it is strongly recommended that all medication be administered by the parent/legal guardian at home. Medication brought to the school must be in the proper containers, labeled by the pharmacist or physician. Any changes in prescriptions must have a signed physician's note.**