

Homeroom Teacher:_____

St. Luke Catholic School
1442 North Fairfield Road
Beavercreek, OH 45432
Phone: 937-426-1733, ext. 401 Fax: 937-426-6435
Mrs. Leslie Vondrell, Principal
Mrs. Sharon Geise, RN, School Nurse
Mrs. Kimi Blaschak, RN, School Nurse
Clinic Phone Number: 937-426-1733, ext. 404

Physician's Request for Administration of Medication
by School Personnel

_____ **is under my care and**

should receive _____
medication name *dosage*

at the following times:_____

Specific instructions for administration:_____

Possible side effects to watch for:_____

Expiration date of this request _____
(if none indicated the date shall be the last day of this school year)

Date

Physician's Signature

Physician's Phone Number

Parent to complete other side

Homeroom Teacher: _____

In order for the school Principal or her delegate (school nurse or other responsible person) to administer ANY medication (this includes any over the counter as well as prescribed medication), both a physician and parent must complete this form in full.

Medication must be clearly marked IN IT'S ORIGINAL CONTAINER WITH THE STUDENT'S NAME. All medications are to be brought to school by an adult. Students are NEVER to have medication in their possession.

A separate form must be completed for each medication. Extra forms are available through our school clinic or office.

***Parent's Request for Administration of
Medication by School Personnel***

Name of Child: _____

Name of drug: _____

Dosage: _____ ***Route:*** _____

at the following time(s): _____

Date

Parent/Guardian Signature

Other important information: _____

Physician to complete other side