MILFORD CHRISTIAN ACADEMY

PROVIDER'S REQUEST FOR PRESCRIPTION MEDICATION TO BE ADMINISTERED BY SCHOOL PERSONNEL

(Required in accordance with Ohio revised code 3313.713)

It is necessary that	(student's full name) residing at			
			grade must take	
medication, which I have prescrib				
Medication (Name as it appears on container)	Dosage 	Time(s)	Duration — ————	
Possible reactions to be reported	to the physicia	 in:		
Special instructions for medicatio	n administratio	on:		_
	nature Print Name		/_ Phone Number	
Address			Date	
********	*****	******	*******	****
I/We the parent/guardian(s) of safe delivery of my son's/daughte will notify the school if the medic		and the signed pe		
	/		/	
Parent's Signature		Phone	Date	

^{*}NO PRESCRIPTION MEDICATION WILL BE GIVEN WITHOUT A PRESCRIBER'S ORDER.