



Elementary
1436 Deerfield Road
Lebanon, OH 45036
513-932-5590

The Academy
130 Cook Road
Lebanon, OH 45036
513-228-0677

Middle School
2634 Drake Road
Lebanon, OH 45036
513-932-5590

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION

It is necessary that _____ have medication during school hours.

Medication	Dosage	Time	Duration
_____	_____	_____	_____
_____	_____	_____	_____

Diagnosis requiring medication: _____

If medication is as needed, how soon can it be repeated: _____

Possible reactions to be reported to physician: _____

Procedure to follow in the event that medication does not produce the expected relief from student's emergency:

Special instructions for administration / storage of drug:

(PLEASE CHOOSE ONE) For an **EMERGENCY** medication (inhaler, epi-pen), do you wish for it to be:
_____ **Carried and monitored by student**
_____ **Stored in the office and given by trained school personnel**

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

ADDRESS: _____ **PHONE:** _____

PARENT PERMISSION AND RELEASE

Child's Name: _____ Sex: _____ Date of Birth: _____

I give permission for the medication ordered by the physician to be given at school and further agree to:

1. Deliver the medication to school.
2. Notify the school if I change physicians.
3. Notify the school if the medication or dosage is changed or eliminated.

Parent's Signature: _____ Phone: _____ Date: _____

School Nurse Approval: _____ Email: ctraster@lebanonchristianschool.org
Fax: 513-934-5698