

**St. Luke Catholic School**

1442 North Fairfield Road Beavercreek, OH 45432

Phone: 937-426-1733, ext. 401 Fax: 937-426-6435 Clinic: 937-426-1733, ext.404

**Mrs. Leslie Vondrell, Principal**

**Request for the Administration of Prescribed/Over the Counter Medication**

Student Name \_\_\_\_\_ birthdate \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Any known medication allergies? \_\_\_\_\_

**Physician request for Administration of Medication**

The above listed student is under my care and should receive the following

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_

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

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

Date to begin \_\_\_\_\_ Date to end \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature\*

\_\_\_\_\_  
Parent/ Guardian phone number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physicians Signature

\_\_\_\_\_  
Physicians phone number

- Each medication must have a separate form.
- Medication must be clearly marked and in the original container with the student's name.
- All medication is to be brought to the school by an adult. Students are NEVER to have medication in their possession (exceptions may be made for Asthma Inhalers and Epi Pens).
- All medication orders will expire at the end of current school year unless otherwise indicated.

\*By signing this form you are authorizing an employee of St. Luke School to administer the above medication to the student listed on this form. Please feel free to contact the Clinic with questions or concerns.