

ST. MICHAEL SCHOOL
723 Sutton Place
Findlay, OH 45840
419-423-2738
FAX 419-423-2720

"A tradition of excellence since 1894"

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**PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY
SCHOOL PERSONNEL**

Name of student _____

Address _____ enrolled at **St. Michael School**

is under my care and should receive _____

Name of drug and dosage

at the following times or intervals _____

beginning _____ and ending _____

Specific instructions for administration and storage: _____

Expiration date of this request: _____

Other medication child is taking: _____

I understand that the school will not independently verify the above instructions.

Date: _____

Physician's Signature

Physician's phone number