Batavia Local Schools

High School Phone	732-2341	800 Bauer Avenue	High School Fax	732-9740
Middle School Phone	732-9534	Batavia, Ohio 45103	Middle School Fax	732-3696
Elementary Phone	732-0780		Elementary Fax	732-1863

MEDICATION ORDERS FROM PHYSICIAN FORM

Student Name: _____ Building: _____

Student Address: _____ Grade: _____

_____

It is necessary that the above named student have medication during school hours. He/She must take the following: _____

Medication	Dosage	Route of Administration	Time	Date Begin/End

Specific instruction for storage: _____

Possible reactions to be reported to physician: _____

Are there any special instructions? _____

_____ _____ _____

Physician's Signature *Telephone Number* *Date*

Parent Permission

I, the parent/guardian of _____ give permission for the medication ordered by the above physician or dentist to be given at school. I further agree to notify the school if the medication or dosage is changed or eliminated. I understand that I must supply the school with the prescribed medication in the original container dispensed and properly labeled and will provide no more than a 30 day supply of aid medication. I understand that this medication will be destroyed if it is not picked up within one week following termination of the order or one week beyond the close of school in June.

I the parent/guardian, agree to release the Board of Education of the Batavia Local School District and it's designated representative from any liability concerning the giving or non-giving of medication to the student.

NO MEDICATION WILL BE GIVEN WITHOUT THIS DOCTOR'S WRITTEN ORDER

I, the parent/guardian have read and agree to all the above.

_____ _____ _____

Parent/Guardian Signature *Telephone Number* *Date*

Original-Medical File