



Batavia Local Schools



High School Phone 732-2341
Middle School Phone 732-9534
Elementary Phone 732-0780

800 Bauer Avenue
Batavia, Ohio 45103

High School Fax 732-9740
Middle School Fax 732-3696
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