





**LICENSED PRESCRIBER'S STATEMENT**

**To the Prescriber:** The School District requires that all of the following information be provided before it will administer medication or treatment to the student.

Name of Student	School
Address	Class/Grade
City, State Zip	

I am a licensed health professional authorized to prescribe drugs, and I have prescribed the following medication to the above named student as follows:

Name of medication as it appears on container in which the drug is stored:	
Specify the dosage of the drug to be administered, and the times or intervals at which each dosage of the drug is to be administered:	
Date the administration of the drug is to begin:	
Date the administration of the drug is to cease:	
Report the following side effects (i.e., severe adverse reactions) to my office immediately:	
Specify any special instructions for administration of the drug, including sterile conditions and storage:	

Name of Prescriber \_\_\_\_\_ Telephone \_\_\_\_\_  
*(Please print)*

Prescriber's Signature \_\_\_\_\_ Date \_\_\_\_\_

- Holmes (K, 1, 2) ..... Fax 937-382-2881, Phone 937-382-2750
- Denver (3, 4, MH)... Fax 937-383-2711, Phone 937-382-2380
- East End (PK, 5) .... Fax 937-382-1645, Phone 937-328-2443
- Middle School (6-8).. Fax 937-382-3295, Phone 937-382-7556
- High School (9-12)... Fax 937-382-1139, Phone 937-382-7716