

Ohio Community Schools

Ohio Consolidated School District #17

Ohio Community High School District #505

“Where People Care”

Superintendent

Jennifer Hamilton
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103 MEMORIAL STREET
P.O. BOX 478
OHIO, ILLINOIS 61349-0478

Principal

Jason Wilt
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Physician Request For Self-Administration Of Medication:

Name of Student: _____ Date of Birth: _____

Address: _____

School Attending: _____ School Year: _____

The above named student has the following Disease or Syndrome:

I am requesting that the above named student take the following medication during school hours:

Name of Medication: _____

Type of Medication (tablet, liquid, capsule): _____

Dosage: _____

Time to be given: _____

Possible side effects: _____

*He/she understands the need for the medication and the necessity to report to school personnel any unusual side effects. He/she is capable of reporting to the school office for administration of the medication stated above.

*I may be reached at the following phone number in the event of a reaction to the medication, or a medical emergency. I also can verify that all said information is true and current.

Physician Signature: _____ Date: _____

Address of Physician: _____

Phone Number of Physician's Office: _____

“Home of the Bulldogs”