

**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**