

# Imagine Environmental Science Academy

## STUDENT INFORMATION

### STUDENT MEDICAL RECORDS

#### MEDICATION REQUEST

***The following student is under my care and should receive the medication indicated below. It is not possible to arrange for medication to be taken at home under supervision of a parent, and therefore, must be taken during school hours.***

#### **ONE MEDICATION PER CARD**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ DOB: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ State: OH Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Name of prescribed medication: \_\_\_\_\_

Number of times/intervals medications is to be administered: \_\_\_\_\_

Date administrations to begin and end: \_\_\_\_\_

Adverse or severe reaction that should be reported to physician: \_\_\_\_\_

Special Instructions for administration of medication: \_\_\_\_\_

The medication can be safely administered by non-medical personnel: YES NO

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date