



ST. JOHN'S JESUIT HIGH SCHOOL

5901 AIRPORT HIGHWAY • TOLEDO, OH 43615
419.865.5743, Ext. 347 • FAX 419.861.5002

Physician's Request for the Administration of Medication by School Personnel

_____ is under my care and should receive
(Name of Student)

_____ at the following times: _____
(Name of Drugs, Dosage, Route)

Specific instructions for administration: _____

Possible side effects to watch for: _____

Expiration date of this request: _____

Other medication(s) child is taking: _____

I understand that the school will not independently verify the propriety of the above instructions:

Date: _____

Physician's Signature

Physician's Telephone Number