

HUNTSBURG CAMPUS: 11530 MADISON ROAD • HUNTSBURG, OH 44046 • PHONE: 440.636.6290 • FAX: 440.636.5665 •
EMAIL: RDILL@HERSHEY-MONTESSORI.ORG

In the event medication must be given during school hours, this form *must be signed by the parent or guardian as well as the physician.* The office will be responsible for the storage and administration of the medication. The Head of School or designated staff members will dispense the medication. *The container must be labeled with the student's name, name of medication, dosage and time of administration.*

I hereby request that my child _____ be given
the oral medication or EpiPen prescribed by Dr. _____ as directed below.

Parent/Guardian (signature) _____ Date: _____

~ PRINT ADDITIONAL FORMS AS NEEDED ~

**PHYSICIAN'S REQUEST FOR CHILD TO BE GIVEN ORAL MEDICATION
OR EPIPEN AT SCHOOL BY SCHOOL PERSONNEL.**

Child's Name: _____

Oral Medication or EpiPen : _____

Dose: _____ Time: _____

Condition requiring the medication: _____

Length of time (dates) to be given: _____

Possible side effects: _____

Physician's Signature: _____ Date: _____

- **One form is required for each prescription medication.**
- **An updated form is required to reflect any change in dosage, brand name, etc.**
- **Medicine container must be in prescribed medication bottle from a pharmacy and must match the accompanying form.**

Parents please note: Bring a 1-week pill box filled with the first week's medications with you on arrival weekend in August.