STUDENT PHOTO

REQUEST FOR ASSISTANCE IN THE ADMINISTRATION OF MEDIC

(Ohio Revised Code

Part I (completed by a parent or guardian).

I/we hereby request and give permission to designated personnel to help in the self-administration of medication to my child. I am sending the medicine in the original container obtained from our physician or pharmacist.

I/we understand and acknowledge that designated personnel are under no obligation to render the assistance requested and that according to ORC 3313.713, such administration will be given by personnel trained in the administration of medication and approved by the school district. There may not be any adult available for injections, catheterization or other procedures for which specific training is necessary. I/we hereby release the home school district, its board of education, its officials and employees, Mohican School in the Out-of-Doors, Inc., its board of trustees, officials and employees from any and all liability for damages or injury directly or indirectly resulting from the performance or failure of performance of the assistance requested. I/we agree to submit a revised statement signed by the physician if any information provided in Part II should change before my/our student goes to Mohican Outdoor School.

Signature of parent/guardian _____ **Date** _____

Child's Name _____ School _____

Address _____ Grade _____

Part III

Note: All medicine must be in the original container per Ohio Revised Code 3313.713.

Name of Medication (trade or generic) (Ex. Benadryl or diphenhydramine)	Dosage	How Often X/day	Brkfst. *Before/ after*	Lunch *Before/ after*	Supper *Before/ after*	Bed-time	Reason for Medicine

Possible reactions that, if they occur, should be reported to the parent _____

_____

Date medicine administration started _____ Date medicine administration ceases _____

Special Instructions _____

Physician's Name _____

Physician's Address _____

Physician's telephone number ___(_____)_____

PHYSICIAN'S SIGNATURE _____ **Date** _____

Signature of parent/guardian _____ **Date** _____

Parent/Guardian's phone number ___(_____)_____

*Please make sure to staple a photo of your child to the top right corner of this form.