

*Overbrook School for the Blind  
6333 Malvern Avenue  
Philadelphia, PA 19151  
Phone: 215-877-0313 x 231*

## **Request To Administer Medications in School**

**Student's Name:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Diagnosis being treated: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose: \_\_\_\_\_

Route (PO, GT, PR, SC): \_\_\_\_\_

Time to be administered in school: \_\_\_\_\_

\*\* Side Effects:

\*\* Precautions:

\*\* Comments:

---

\_\_\_\_\_  
Physician Name (please print)

\_\_\_\_\_  
Date form completed

Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

---

Physician Signature

Date

---

Parent/Guardian Signature

Date