



SHENANDOAH HIGH SCHOOL
49346 S.R. 147
SARASVILLE, OH 43779
"Home of the Zeps"
Mr. Dan Wesson, Principal
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NOBLE COUNTY SCHOOLS
DIRECTIVES TO ADMINISTER PRESCRIPTION MEDICATION IN SCHOOL

STUDENT'S NAME _____

GRADE _____ SCHOOL ATTENDING _____ SHS _____

PARENT/GUARDIAN NAME _____

SIGNATURE of Parent/Guardian _____

↓ TO BE COMPLETED BY PHYSICIAN ↓

NAME OF MEDICATION _____

DIAGNOSIS _____

DOSAGE _____

TIME(S) TO BE ADMINISTERED _____

POSSIBLE SIDE EFFECTS _____

BEGINNING/ENDING DATES FOR ADMINISTRATION _____

DOCTOR'S SIGNATURE _____

ADDRESS _____

PHONE NO. _____ FAX NO. _____

***NO MEDICATION WILL BE ADMINISTERED NOR WILL STUDENTS
BE PERMITTED TO TAKE ANY MEDICATION UNLESS THIS FORM
HAS BEEN COMPLETED AND IS ON FILE IN THE SCHOOL OFFICE.***