206 East Chestnut Street
Mount Vernon, Ohio 43050

Phone: (740) 393-3611
Fax: (740) 393-0236

Short Term Medication Administration Authorization

Student Name: _____

Name of the Drug:_____

Dose:_____

Route of administration: _____

Frequency of administration: _____

Start date: _____ Stop Date: _____

Time of administration: _____

Diagnosis: _____

Adverse Reactions that are reasonably expected: _____

Contraindications:_____

Licensed Prescriber Signature: _____

Address: _____

_____

Phone: _____

Pharmacy Contact Information: _____