

**TIFFIN CITY SCHOOLS  
PARENT REQUEST FORM**

I request that the principal (or designees) of \_\_\_\_\_  
School administer a prescribed drug to my child.

Please print the following information:

Name of Parent: \_\_\_\_\_

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

Phone Number(s) where you can be reached: \_\_\_\_\_

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

Grade: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_

Date: \_\_\_\_\_

For your information, the physician who is prescribing this drug for your child must also complete a form, the PHYSICIAN'S VERIFICATION STATEMENT. The principal must receive this before the drug can be administered at school. On this form, the physician must state the name, dosage, and time the drug is to be administered, and the dates when the administration should begin and end.

Also, you must give to the principal a revised statement, signed by the physician, if any of the information originally provided by the physician changes. This form is entitled CHANGING THE PRESCRIPTION DRUG ADMINISTRATION.