

Shelby County Board of Mental Retardation and Developmental Disabilities
Shelby Hills ECC / Wilma Valentine CLC
 1200 S. Children's Home Rd.- P.O. Box 925
 Sidney, OH 45365-0925
 (937)498-4565

PHYSICIAN'S CERTIFICATION OF MEDICATION

To the Physician:

This form must be completed by you in order for the named student in our program to have medication administered to him/her. Please send the completed form to the program nurse at the above address before any medication should begin.

MEDICATION WILL NOT BE ADMINISTERED
UNLESS COVERED BY THIS CONSENT FORM

Student's Name _____

Address _____

I hereby certify that I have prescribed or directed the above named student to take the following medication(s) as detailed below:

Medication Name	Dosage	Route	Time	Begin	End
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Special instructions for administration, including, sterile conditions and storage:

Any adverse reactions shall be reported to the prescribing physician.

 Physician's Signature Date

 Physician's Name (Please print or Type) Office Phone Emergency Phone

 Street Address City State Zip Code