



Administrative Office located at the Calumet Campus ~ www.xenosschools.org

Calumet Christian School
2774 Calumet Street
Columbus OH 43202
(614) 261-8136

Xenos Christian Preschool
1390 Community Park Drive
Columbus OH 43229
(614) 823-6540

Harambee Christian School
1000 Bonham Avenue
Columbus OH 43211
(614) 291-0885

REQUEST FOR THE ADMINISTRATION OF MEDICATION BY AN AUTHORIZED XENOS SCHOOL STAFF MEMBER

OHIO DEPARTMENT OF EDUCATION DIVISION OF EDUCATIONAL SERVICES ~ Rule 3301-37-04 of the Ohio Administrative Code specifies the requirements for administering medication to the children in public schools or chartered non-public schools. This form must be completed as outlined below. **Note:** A separate form must be completed for each medication.

SECTION I: PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

I hereby request and give permission to the authorized Xenos Schools staff member to administer the following medication to my child:

Name of child:		Age	Name of Medication:	
Dosage	Time(s) of Dosage	Parent Signature		Date

SECTION II: PHYSICIAN'S OR DENTIST'S INSTRUCTIONS

(Name of Child) _____ is under my care and should receive (name of medication) _____ as follows:
 (dosage) _____
 Specific instructions for administration: _____
 Expiration date (not to exceed 12 months from date of this request) _____

Signature of Physician or Dentist	Date	Phone Number
Please print Physician/Dentist Name		

SECTION III: MEDICATION GIVEN BY AUTHORIZED XENOS SCHOOL STAFF MEMBER

For dates and times of dosages see Medication Folder on the secretary's desk.