

Southern Ohio Learning Center  
3321 Airborne Road  
Wilmington, OH 45177  
937-383-1691

## Parent/Guardian Permission for Medication Administration

The SOLC has permission to administer the following medication administration, including over-the-counter medications (OTC):

:

Student: \_\_\_\_\_

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

Grade: \_\_\_\_\_ Home School: \_\_\_\_\_

Name of Medication as it appears on the container it is stored in:

\_\_\_\_\_

Dosage & Time intervals: \_\_\_\_\_

Date of Administration to begin: \_\_\_\_\_

Date of Administration to end: \_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

Provider: \_\_\_\_\_

Provider Address:

\_\_\_\_\_

Provider Phone #: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date