Pediatric Associates of Mt Carmel

Established 1972

Michael S. Chamberlin, MD
Jennifer B. Richard, MD
Christopher B. Peltier, MD
Tricia Minton, MD
Lynn K. Peters, DO
Kevin A. Pittinger, MD
Lauren T. Huff, MD
Laura Hardy, M.D.
Sarah A. Selickman Heidt, MD
Daniel R. Kroeger, MD
Cathryn Sabulski, MD
Angeli Underiner, MD

MEDICATION PERMISSION FORM

I/We are the parents of:_____DOB:_____

Patient address: _____

Parents Phone: _____ School/Day Care:_____

I authorize _____ administer the following drugs to my son/daughter.

School/Day Care

I will deliver the mediation to school/daycare and submit to school/daycare personal written statement signed by my physician if any of the information provided by the physician changes.

Parent's Signature:_____

It is necessary for the above-mentioned child to take medication during school/daycare hours. I will notify the school/daycare if the medication, the dosage, or procedure is to be changed or eliminated.

Name of medication: _____Dosage: _____

Directions: _____

Beginning date: _____Ending date: _____

Any special instructions: _____

Physician Signature: _____ Date : _____

Batavia
2055 Hospital Drive
Suite 250
Batavia, OH 45103

Eastgate
4371 Ferguson Drive
Cincinnati, OH 45245
513-752-3650
513-752-3387 Fax

Landen
4834 Socialville-Foster Road
Mason, OH 45040