

# Danville Local Schools

**Administration**

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*Superintendent*

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**Board of Education**

Carolyn Addair  
Charles Bratton  
David Dusthimer  
Darrel Severns  
Paul Stover

**LICENSED PRESCRIBER'S STATEMENT**

To the Prescriber:

The School District requires that all of the following information be provided before it will administer medication or treatment to the student named on this form.

I have prescribed the following medication \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Dosage, instructions, or precautions (including possible side effects): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have prescribed the following treatment \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Beginning Date \_\_\_\_\_ Ending Date \_\_\_\_\_

**For student with diabetes only:**

\_\_\_\_\_ I authorize the student to attend to his/her diabetes care and management, in accordance with my order, during regular school hours and school sponsored activities. I have determined that the student is capable of performing diabetes care tasks.

\_\_\_\_\_ I do not authorize the student to attend to his/her diabetes care and management during regular school hours and school sponsored activities.

Prescriber's Signature \_\_\_\_\_ Telephone \_\_\_\_\_

Printed/Typed Name \_\_\_\_\_ Date \_\_\_\_\_