



**educational service center**  
*of Central Ohio*

**Request for the Administration of Food Supplement,  
Modified Diet or Topical Ointment**

I hereby request and give permission to the administrator or his delegate to administer the following special diet or topical ointment as specified:

Name of Child: \_\_\_\_\_

Item to be Administered: \_\_\_\_\_

Dosage / Time(s) of Dosage: \_\_\_\_\_

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_