



REQUEST FOR IN-SCHOOL ADMINISTRATION OF PRESCRIPTION MEDICATION

NOTE TO PARENTS/GUARDIANS AND PHYSICIANS:

District personnel are not permitted to give medication of any kind (prescription and non-prescription) unless the student's parent or guardian authorizes, in writing, that the medication is needed. The parent's or guardian's authorization must be accompanied by written physician authorization for prescription medication. Medication must be delivered to the school with the label intact. The label on prescription medicine must include the student's name, date of expiration, and directions for use (i.e. dosage, when to consume, what, if anything to eat or drink when consuming).

If it is necessary that medication be administered while the student is at school, the following information must be provided:

Name of Child: _____ Teacher: _____
Birthdate: _____

Medication: _____

Strength of Medication _____

Reason Medication Prescribed _____

Route of administration (by mouth) _____

Dosage (amount to be given) _____

How often or at what time is medication to be given? _____

OTHER MEDICATION BEING TAKEN BY CHILD _____

Contraindications with other medicines or food: _____

Storage instructions: _____

Date medications to be discontinued: _____

Physician Signature Phone No. _____

Print Physician Name

If any changes in medication or dosage occur the school must be notified immediately, and a new form must be completed. Students misuse of medication being self-administered may result in seizure and disciplinary action.

I request the administration of the medication indicated above. I give my consent for the School Nurse, health assistant or principal designee to administer this medication. I understand that I am responsible for maintaining an adequate supply of medication at the school to meet the child's need.

Parent/Guardian Signature Date Home Phone No. _____

Print Parent/Guardian Name Work Phone No. _____