

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

PreK - 8

Student's Name: _____ Date of Birth: _____
School: _____ Grade: _____
Parent/Guardian Name: _____ Phone: _____ Work: _____
Physician Name: _____ Phone: _____
Pharmacist Name: _____ Phone: _____
Medication (*Or generic/commercial equivalent*): _____
Dose: _____ Time to be given: _____
Period from: _____ to: _____ Reason for medication: _____
Expected Side Effects: _____
Additional Directions: _____

PRESCRIPTION MEDICATION

Your signature on this document attests to your willingness and intent to direct, supervise, decide, inspect and oversee the administration of the medication by non-medically trained designees, and that you will accept direct communications from them regarding the administration of the medication. We urge that all instructions be stated in layperson language. (Please use space provided above)

Physician's

signature: _____ Date: _____ Phone: _____

Parent/Guardian signature: _____ Date: _____

NON-PRESCRIPTION MEDICATION

I hereby give my permission for _____ to receive the above named nonprescription medication at school as directed and supervised by the physician and/or parent/guardian. I understand that the school personnel are only the administrators of the medication as directed by the parents and physician and that the school cannot assume any responsibility or liability for any reaction or complication arising from administering the medication as directed.

Parent/Guardian signature: _____ Date: _____

SELF-ADMINISTRATION OF INHALERS/EPI-PEN

I hereby give _____ permission to carry and self-administer the above medication. This student has been instructed in the proper use/administration of this medication, and I believe s/he is sufficiently responsible to keep this medication in his/her possession and control its use.

The school office has been provided with a back-up inhaler/Epipen: Yes__ No__

Physician's signature: _____ Date: _____ Phone: _____

Parent/Guardian signature: _____ Date: _____

(Both signatures are required)

NOTE: If it is determined at a later date that the student is not able to self-administer the inhaler, other arrangements will be made