



Wissahickon School District

Physician Request for Administration of Medication during School Hours

It is the policy of the Wissahickon School District to request that medication be given before or after school hours whenever possible. If it is **essential** that the student receive medication during school hours, please have your licensed physician complete the following request. Once completed by your licensed physician, please verify, sign and submit to the School Nurse.

Student name: _____ **Grade:** _____

Diagnosis: _____

Reason for medication to be given in school: _____

Name of medication: _____

***Dosage and route of medication:** _____ **Total dosage in 24 hours:** _____

Time to be given: _____ **Date start:** _____ **Date end:** _____

Possible side effects/special considerations: _____

Treatment of side effect/actions to be taken: _____

Other prescribed medications student is taking outside of school hours: _____

FOR DAILY MEDICATIONS ONLY

In the event of a field trip, the student may, per instruction from parent/guardian:

➤ Omit his/her medication Yes _____ No _____ Physician Initials _____

➤ Receive upon return to school Yes _____ No _____ Physician Initials _____

In the event the daily dose is not taken at home, per instruction from parent/guardian:

➤ Administer at school Yes _____ No _____ Physician Initials _____

Physician Signature: _____ **Date:** _____ **Phone:** _____

Parent/Guardian Signature: _____ **Date:** _____ **Phone:** _____

I authorize the School Nurse to communicate with my child's physician and my physician to reply, as needed, regarding this medication/treatment and/or my child's response.

*Any medications to be given during school hours must be delivered directly to the School Nurse. The medication must be brought to the school in the original pharmaceutical dispensed and properly labeled container. All controlled medications must be delivered to the School Nurse by an adult, counted, and recorded on the student's medication log. *If the medication or treatment prescribed exceeds or differs from that approved by the FDA or manufacturer's recommendations, the physician/or parent/guardian will be required to submit written detail to the School Nurse.