

**REQUEST FOR MEDICATION ADMINISTRATION DURING SCHOOL HOURS**

Return completed form to school for any medication to be taken during school hours. Additional forms are available at the Student Office. **USE ONE FORM PER MEDICATION.**

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**SECTION A: *Section to be completed by physician when prescription medication is to be taken during school hours.***

Notice to school employees administering medication as designated by school officials to provide the following medication to the student as directed below.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route: \_\_\_\_\_

Time(s) administered: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Student may carry medication for emergency purposes:  Yes  No

Give medication on:  Empty Stomach  Full Stomach

Refrigerate medication:  Yes  No

Additional directions or symptoms to report: \_\_\_\_\_

PRN medication/circumstances to be used: \_\_\_\_\_

**NOTE: Designated school staff who dispense medication to the above student may call me at any time with questions or concerns related to this student's medical condition and medication.**

Doctor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Doctor's Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

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**SECTION B: *Section to be completed by parent/guardian for prescription or non-prescription medications to be taken during school hours.***

I hereby give permission to school employees designated by school officials to give medication to my child according to the following directions. I further give permission to school authorities to contact my student's physician as necessary and agree to notify the school in writing at the termination of this request or when any medication changes occur.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_

When to be given and how often: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Additional information: \_\_\_\_\_

**I have read the Medication criteria for Dispensing Medication at school on the back of this page and agree to meet these criteria. ALL medication must be in a properly labeled container.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_

## **MEDICATION CRITERIA FOR DISPENSING MEDICATION**

*To be used when a student is receiving daily medication during school hours.*

1. Pupils requiring medication at school shall bring to the school principal or designee, a completed "Request for Medication Administration During School Hours" (See other side) form signed by the physician and parent/guardian if a prescription medication or the parent/guardian if a non-prescription medication. School personnel may then administer medication to the child as prescribed. All medication authorization forms must be renewed annually.
2. *ALL* medication must be supplied in the original container that is labeled for school authorities. The label on the bottle must contain the name and telephone number of the pharmacy, the pupil's identification, name of the physician, medication names, number dispensed, strength, dose, route, times or circumstances for medication to be given, special directions for storage, or dispensing. Non-prescription medication must be in the original container with the directions on the container including pupil's name. The prescribed medication shall be kept in a locked cubicle or drawer. Taking the medication shall be supervised by the designated school personnel at a time conforming with the indicated schedule. It is the responsibility of the student to get his/her medication at a designated time.
3. It is important that an accurate and confidential system of record keeping be established for each pupil receiving medication. The physician's request for medication to be administered during school hours shall be kept on file. The parents must notify the school when the drug is discontinued or the dosage or time is changed. An updated medication authorization form is required for **ALL** changes in medication.
4. It is the responsibility of the parent/guardian to provide and deliver to the school all authorized medication and replace expired medication. Any special circumstances regarding delivering medication to school must be sanctioned by the school principal. All unclaimed medication at the end of the school year will be disposed of per policy, after written notification to the parent/guardian.
5. School personnel should, under no circumstances, provide any medication to students without meeting the criteria in 1 to 4 above. Diagnosis and treatment of illness and the prescribing of medication are never responsibilities of a school and should not be practiced by any school personnel.
6. It is the responsibility of the parent/guardian to notify school personnel of pertinent medical information regarding their child. Pupils with a potential life-threatening health problem may be excluded from school until required medication and staff training are in place at school.