REQUEST/PERMISSION TO ADMINISTER MEDICATION IN SCHOOL
(not including medical marijuana)

Student's Name: _____ DOB: _____ Grade: _____ School: _____

A. To be completed by Health Care Provider:
Name of medication: _____
Reason for medication: _____
Form of medication/treatment:
□ Tablet/capsule □ Liquid □ Inhaler □ Injection □ Nebulizer □ Other _____
Dosage (amount): _____
This medication must be administered during school hours: □ Yes □ No
If yes, time to be administered: _____
Restrictions and/or important side effects:
□ None anticipated
□ Yes. Please describe in detail: _____
_____
Date prescribed: _____ Date to be discontinued: _____
Any other necessary instructions or information: _____
_____

IF APPLICABLE:
This student is both capable and responsible for self-administering this medication if allowed by Board policy.
□ No □ Yes - supervised □ Yes - unsupervised
This student may carry this medication if allowed by Board policy: □ No □ Yes
Note: The school nurse may contact you if there are further questions concerning this medication request.

Health Care Provider's Signature: _____ Date: _____
Printed Name: _____
Address: _____ Phone Number: _____
Fax Number: _____ Email Address: _____
Note: Any changes to the information above shall require a new request/permission form.

B. To be completed by parent/guardian:
I request and give permission for Scarborough Public Schools nurses and other trained, unlicensed personnel to administer the above-named medication to _____ in accordance with Board Policy JLCD – Administering Medications to Students.
OR: I request and give permission for _____ to self-administer the above-named medication in accordance with Board Policy JLCD – Administering Medications to Students.

I understand and agree that if the school nurse has questions regarding the health care provider's order, that the nurse may contact the child's provider and obtain additional information about the medication. I consent to the provider releasing that information.
Signature: _____ Relationship: _____ Date: _____

C. To be completed by school:
Date received: _____ By whom: _____
Date reviewed: _____ Reviewed by: _____

Adopted March 1, 2018
Revised: April 28, 2022