DOWNINGTOWN AREA SCHOOL DISTRICT
PARENT/DOCTOR REQUEST FOR ADMINISTRATION OF MEDICATION

According to the State Board of Nursing, no medication can be administered in school except by written request of a physician. According to DASD medication guidelines, **a physician authorization is required for administration of prescription medication and over the counter medications not on the approved list.** Any non-prescription will not be administered for more than five (5) consecutive days. A parent signature is required for the administration of all medications.

NAME OF PUPIL: _____DOB_____
GRADE/HOMEROOM TEACHER: _____

MEDICINE PRESCRIBED: _____

DIAGNOSIS/CONDITION FOR WHICH MEDICINE IS PRESCRIBED: _____

AMOUNT TO BE GIVEN: _____

TIME OF MEDICINE IS TO BE GIVEN: _____

DATE TO START MEDICINE: _____

DATE TO STOP MEDICINE: _____

In the event of a **2 hour late opening** please advise regarding medication administration. Please check below:
_____ Please **give medication @ normal time** at school.
_____ Will be given later @ home.
_____ **Please give medication at school** at the following time: _____

New medication orders are required for each school year. Medication orders must be dated after June 30 for the new school year. All orders must be dated.

_____(date)____ _____(date)____
Parent Signature Physician Signature **(no stamped signatures)**

_____ _____
Parent Printed Name Physician Printed name

_____ _____
Telephone Number Telephone Number

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