

HEALTH SERVICES REQUEST FORM – B
Administration of Medication During the School Day

Parents of students requesting that medication be administered during school hours by school staff are required to provide the following information:

1. The Physician’s Order (Section I. below) – waived for temporary conditions (e.g., pain medication for wisdom teeth or broken bones, antibiotics for strep).
2. A Parental Release (Section II below) – required for any medication dispensing.
3. Medication supplied in the original properly labeled bottle (*Ask your pharmacy for prescription medication to be divided in two bottles completely labeled – one for home and one for school.*)

Student Name: _____ **Date of Birth:** _____
Grade/Class: _____ **Date:** _____
Address: _____ **Phone:** _____

I. Physicians Order for Administration of Medication by School Personnel

I have prescribed the following medication for this child and request the dosages be given during the school hours.

1. Medication: _____ Dose: _____ Time: _____ Route: _____
2. For Treatment of: _____
3. Possible Side Effects: _____

4. Special Instructions: _____

5. Timeline (start/end): _____
6. Medication Allergies: _____
7. Physician’s name: _____ Signature: _____
Address: _____ Phone: _____ Date: _____

II. PARENTAL RELEASE

I request this medication be given as prescribed and the above information be released to the physician as requested. I release school personnel from any liability in relation to the administration of this medication at school. I understand that medication will not necessarily be administered by a school nurse. (Please check appropriate responses below.)

Keep this medication in school **OR** Send this medication home each evening.

Physician and I agree that this student needs this medication on field trips: Yes No

Parent/Guardian Signature _____ Date: _____