

REQUEST FOR ADMINISTRATION OF
MEDICATION DURING THE SCHOOL DAY

Parents of students requesting that medication (both prescription and non-prescription) be administered during school hours by school staff are required to provide 1) the completed physician order below, 2) a parental release, and 3) medication supplies in the original bottle. Please complete a separate form for each medication. New forms must be completed at the beginning of each school year.

Student name: _____ Date of Birth: _____

Home Address: _____

School: _____ Grade: _____ Homeroom: _____

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*Physician's order for administration of medication by school personnel.

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

Medication: _____ Dose: _____ Time: _____

For treatment of: _____

Possible side effects: _____

Special instructions: _____

Last date to be given: _____

Our clinic would like the following information: _____ by (date) _____

Physician Signature: _____ Phone: _____ Date _____

Physician Name (Printed) _____ Clinic Name: _____

Clinic Address _____

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Only when a medication is prescribed to be taken during school hours will a child be given medication at school. I request that this medication be given as prescribed and the above requested information be released to the physician from the school. If necessary, the school may request additional information from the physician regarding this request.

Parent Signature: _____ Printed Parent Name: _____

Daytime Phone: _____ Date: _____