

Delphos City Schools

MEDICATION INFORMATION FORM (For PRESCRIPTION & OTC Medicines)

PURPOSE: Many students are receiving medication under a doctor's supervision. It is important that the school be aware of the effects the medication may have or is having on the school performance of the student. School personnel are occasionally requested to administer the medication. Under these circumstances, it is necessary that specific physician's recommendations be made available to the school.

ALL STUDENTS taking medication are required to have this form on file in the school office to avoid misunderstanding. **IF MEDICATION IS PRESCRIBED BY A PHYSICIAN, THE PHYSICIAN MUST SIGN THE FORM.**

STUDENT NAME: _____ Date of Birth: _____

GRADE: _____ TEACHER: _____

STUDENT ADDRESS: _____

MEDICATION IS TO START: _____ END DATE: _____

NAME OF MEDICATION: _____

RECOMMENDED DOSAGE/ROUTE: _____

TIME(S) ADMINISTERED: _____

SPECIAL INSTRUCTIONS FOR ADMINISTRATION OR STORAGE OF MEDICATION: _____

OTHER MEDICATIONS STUDENT IS TAKING: _____

REACTIONS: The physician/pharmacologist is urged to list potential reactions the student might have to the medication.

Physician/Pharmacologist's anticipated reactions to medication: _____

During school hours, it is my understanding that the school secretary, principal, or school nurse will administer the prescribed medication according to the specified physician's recommendations. In the case of school field trips, my child's teacher has my permission to administer the above medication. The school nurse may contact this physician at any time for information about my child's condition. I agree to submit a revised statement signed by the prescriber if any of the information provided on this form changes. This form is valid for this school year only and will serve as a Medical Release Form between school and healthcare provider.

Parent Signature: _____ Phone: _____ Date: _____

Physician Signature: _____ Phone: _____ Date: _____

**(Physician Signature required for any prescription medication)
(Only the parent signature is required for OTC medicines)**

Updated: 1/4/23