FLEETWOOD AREA SCHOOL DISTRICT

Request to Administer Prescription or Over-The-Counter Medications

TO: School Nurse of *(circle one)* **Middle School**High School**
Willow Creek Elementary Andrew Maier Elementary**

FROM: *(PRINT doctor's name and address . . . . OR stamp name, address, and phone below)*

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Phone_________________________________

STUDENT____**DOB**___________

DIAGNOSIS____

MEDICATION *(list one only per form)* ____

DOSE_________________________________**TIME TO ADMINISTER**__________________

ROUTE of ADMINISTRATION: orally___ inhalation___ pulmo-aide___ nasally___
IM injection____ location_____________ SQ injection___ location_____________
Eyes: left___ right___ both___ Other*(specify)*________________________________

The student is excused from these activities while taking this medication: driving___
physical education___ shop class using power tools___

I authorize the administration of this medication to the above-named student in the manner described above.

PHYSICIAN SIGNATURE____**date**___________

As parent/guardian, I release the school from any and all liability for damages my child may suffer as a result of this request.

PARENT SIGNATURE____**date**___________

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FOR STUDENTS WHO HAVE BEEN DIAGNOSED AS ASTHMATIC, DIABETIC*, OR SEVERELY ALLERGIC

I grant medical approval and permission for the above-named student to carry and to self-administer the *(circle one)* ***inhaler/Epi-Pen/diabetic medication described above. This student has received instruction and has demonstrated correct technique in self-administration.***

PHYSICIAN SIGNATURE_______________________________________**date**__________

***Diabetics must report to the Health Room for supervision of testing, and/or insulin administration.**

Medication, dose, time to administer:														
date														
time														
initial														
date														
time														
initial														
date														
time														
initial														

initial	**signature**
initial	**signature**
initial	**signature**
initial	**signature**