



# KINGSWAY REGIONAL SCHOOL DISTRICT

*Committed to Excellence*

## Health Services

**Christina Santiago, RN, ATC, Ext. 4221 – Grades 9, 10**

**Barbara Neal, RN, BSN, Ext. 4216 – Grades 11, 12**

**Megan Anastasia RN, BSN Ext. 3023 - Grade 8**

**Kate Richards RN, BSN, CPN Ext. 3021 – Grade 7**

### Request for Administration of Medication at School

Date: \_\_\_\_\_

Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth/Age: \_\_\_\_\_

1. Diagnosis: \_\_\_\_\_

2. Student may attend school while on the medication: YES \_\_\_\_\_ NO \_\_\_\_\_

3. Name of medication: \_\_\_\_\_

4. Dosage and time of administration during school day: \_\_\_\_\_

5. Length of time medication to be administered at school: \_\_\_\_\_

6. May be excused from school-time dose on field trip or half day: YES \_\_\_\_\_ NO \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Address/Office Stamp:  
\_\_\_\_\_

Dear Parent/Guardian,

Please sign to indicate approval for the school nurse to administer this medication to your child as ordered. Your signature also gives the ordering clinician permission to share, discuss, and release the order with the school nurse.

Date: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

Please note: Medication must be brought to school in its original container by parent/guardian. Orders are valid only for the current school year.

*Home of the Dragons*

