FRANKLIN
PUBLIC SCHOOLS
Policy #5314
Revised 5-22-23 ck

Request to Administer Medication

Complete one form for each prescribed medication. Guidelines on page 2.

Student's First Name _____ Last Name _____

Date of Birth _____

School _____ Grade _____

Parent/Guardian's First Name _____

Parent/Guardian's Last Name _____

To Be Completed by a Physician ~

Name of Medication/Treatment _____

Reason for Medication/Treatment _____

Administration Schedule (include parameters for PRN medications) _____

_____

Dose _____

Possible Adverse Reactions/Side Effects: _____

For PRN Asthma Inhalers or Epi-Pens only, complete if applicable:

☐ No ☐ Yes – This child has been provided adequate instruction and is both capable of and responsible for self-administering this medication.

☐ No ☐ Yes – Due to the severe nature of this child's medical condition, I recommend that this child be allowed to have this medication in his/her possession and to use it as needed.

Date of Expiration _____ Fax _____

Physician's Name _____ Phone _____

Physician's Signature _____ Date _____

I, _____, parent or legal guardian of the above named student, shall notify the school principal if there is a cancellation of this medication. I understand that I must submit a new request if this prescription changes. I give permission for designated school personnel to administer the above medication to my child or for my child to self-administer this medication if applicable. This form shall also permit designated school personnel to share and request relevant health information regarding the administration of this medication.

Parent/Legal Guardian Signature _____ Date _____

Principal Signature _____ Date _____

Guidelines

The "Request to Administer Medication" form must be completed for each medication and on file in the school office in order for your child to be allowed to take prescribed medication during school hours. This written request form must include signature of the parent as well as the printed name and signature of the physician for the prescribed medication(s).

Students may self-administer and carry in their possession, as needed, emergency or rescue medications, such as asthma inhalers or Epi-pens, provided that they have been adequately instructed by a medical provider and documented on the District Request to Administer Medication form.

The District does not administer any over-the-counter medications unless a physician or a nurse practitioner has prescribed the OTC medication.

All medication must be provided to the school in its original container and be properly labeled.
Medication containers must clearly state the information below:

Prescribed Medications

- Pharmacy label intact
- Name of student
- Name of medication as listed on "Request to Administer Medication" form
- Dosage to be given
- Frequency of dosage
- Name of prescribing physician
- Name and phone number of pharmacy

OR

Prescribed Over-The-Counter Medications

- Name of student
- Name of medication as listed on "Request to Administer Medication" form

Parents are responsible for providing the school with supplies as needed for medication administration.

At no time shall any student keep any medication in his/her possession, locker or desk, or self-administer medications without proper authorization (as documented on the "Request to Administer Medication" form or parental consent form for "Over-The-Counter Medications for High School Students").