



Muskogee Public Schools

District #I-20

Parent/Guardian Request for Student Medication Administration

Student Name: _____ **School ID#:** _____
 (Last) (First)

Age: _____ **Grade:** _____ **DOB:** _____

Dear Parent or Guardian,

Every effort should be made to *administer medication at home* since distribution at school causes a disruption in the student’s educational school day. If your child’s physician recommends the administration of medication during the school day, please complete **all** information on this form. This form must be completed before medication is received by designated school personnel. In other words, MPS will not accept any medication unless this form is completed with the appropriate signatures.

Please note the following Medication Administration guidelines:

- Only medication prescribed by your child’s physician will be accepted and administered by the school nurse or designated school employee.
- All medication received by a designated school employee must be contained in properly labeled, prescriptive bottle with the student’s name, medication, dosage, time, route, physician name, pharmacy, and appropriate expiration date. **We will not accept unlabeled or expired medication.**
- Over the counter (OTC) medication that has been prescribed by your physician must be in an appropriate labeled, prescriptive bottle or a brand new, unopened OTC bottle accompanied by the physician’s written instructions.

Please Complete the Following:

I, _____ (parent/guardian name) request that the school nurse or the delegated school employee administer the prescribed medication described below to my child, as directed by my child’s physician.

Name of Medication: _____ **Possible Side effects or adverse reactions:** (ex. Drowsy) _____

Dosage: _____ **Dosage to administer:** _____ **Time to administer at school:** _____

Physician Name: _____ **Physician’s phone#:** _____

School Site: _____ **Homeroom Teacher:** _____ **Supervising RN:** _____

Parent/Guardian Name: _____ **Cell #:** _____ **Work #:** _____ **Home #:** _____

2nd Contact Name: _____ **Cell#:** _____ **Work#:** _____ **Home#:** _____

Other information: _____

 (Parent Signature) Date: _____

 (School Nurse, Site Principal, or Designated Employee signature) Date: _____

