



Medication Administration Request Form

Please complete this form if your child needs to have prescription-based medication or over-the-counter medication administered during school hours.

In order for request to be valid, the following items are required:

- A medical provider and parent signature authorizing staff to administer
- Send medication in the original container with a pharmacy label that indicates the person the medication is intended for, drug and dosage

Student Name:	Grade:
School:	Teacher:

Physician's Administration Of Medication Order

I have prescribed the following medication for this student to be administered during school hours:

Medication:	Dose:	Frequency/Time:

Provider Name:	Date:
Provider Signature:	Phone:

Parent Request For Administration of Medication

I request this medication be given as prescribed. I release school personnel from any liability in relation to the administration of this medication. I authorize the exchange of information regarding these medications between the clinic and school.

Parent Name:	Date:
Parent Signature:	Phone:

This completed form should be sent to your child's school health office.