FREWSBURG CENTRAL SCHOOL
Frewsburg, New York 14738
Phone: HS/MS (716) 569-7034, Elem (716) 569-7083
Fax: HS/MS (716) 569-7072, Elem (716)569-7070

MEDICATION REQUEST FORM

Student's Name: _____ Grade: _____

Home Address: _____

When you child's physician feels that medication is necessary during the school day, you are asked to follow certain procedures. School Nurses **CANNOT** administer medication to students without a written order from a physician. Therefore, you are requested to provide:

1. A written note from you, the parent or guardian. (Part I below)
2. A written order from your phycian or other health care provider including the information shown on this form. (Part II below)
3. A new physician's order for each new medication or any change in medication dosage, time of administration, etc.
4. A new medication order at the **BEGINNING OF EACH SCHOOL YEAR**.
5. Bring the medication to school in the prescription bottle or original packaging if it is an over-the-counter medication.

Student's **ARE NOT** allowed to carry medication of any kind on their person, or to take medication without written directive from physician and parent. When students are required to take any medication in school, it must be administered upon supervision.

Part I: TO BE COMPLETED & SIGNED BY PARENT OR GUARDIAN

I hereby give permission for the medication to be administered to my child as stated below.

_____ _____
(Student's Name) (Grade/Teacher)

_____ _____
(Parent's Signature) (Date) (Parent's day time phone)

Part II: TO BE COMPLETED & SIGNED BY HEALTH CARE PROVIDER

_____ is to be given _____
(Student's Name) (Name of Medication)

_____
(Dosage and frequency of medication

for _____
(Diagnosis/Condition)

Possible side effects: _____

Purpose of medication: _____

_____ _____
(Health Care Provider's Signature) (Health Care Provider's Telephone)