Seaford Public Schools
Health Services

Request for Administration of medication during the school day/school trips

Students Name _____ Grade _____ **Date of Birth** _____

Address _____ **Telephone** _____

Dear Parent of Guardian,

Every effort should be made to administer medication at home, as it does represent an interruption in the student's day. However, if your physician feels that medication is necessary during the school day, please submit this completed form **before** you bring the medication to the Health Services Staff.

A new form must be completed for each change of medication and renewed each school year. State law does permit administration of medication during the school day only with written directions from the physician and parents. Medication must be brought in to school in its **original container.**

Students are at No time allowed to carry medication of any kind on their person or to take medication without official written directive from the physician and parent.

Part I. To be completed by parent or guardian.

I hereby request the Health Service Staff to administer the medication listed below by my physician to my child _____ date of birth _____ grade _____

I will deliver t o the Health Services Staff the medication prescribed below in the original container professionally labeled by the pharmacist for this purpose.

Date _____ Signature _____

Relationship _____

Part II. To be completed by parent or guardian.

I hereby request the teacher in charge of my child's **field trips** to administer the above mentioned medication. Student must be self directed to take his/her medication.

Signature _____ Relationship _____

Part III to be completed by physician. Date _____

Student's Name _____ Date of Birth _____

Diagnosis _____

A. Name of Medication _____

B. Amount to be given _____

1. Time to be given _____

2. Date medication is to be discontinued _____

Affix Official Physician's stamp here

C. Side Effects No _____ Yes _____ Explain _____

_____ _____ _____

Physician's Name Physician's Signature Tel. Number