



# DORCHESTER SCHOOL DISTRICT TWO 2024-2025 MEDICATION REQUEST FORM



**The following is to be completed by a physician/legal prescriber. One medication and/or dose per form.**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Medication is prescribed for: \_\_\_\_\_ ICD-10 Code: \_\_\_\_\_

If PRN, list indication(s): \_\_\_\_\_

Time(s) to be given at school: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date (if applicable) \*: \_\_\_\_\_

\*UNLESS OTHERWISE INDICATED, THESE ORDERS ARE VALID THROUGH CURRENT SCHOOL YEAR, INCLUDING SUMMER PROGRAMMING

List any potential reactions with appropriate treatment: \_\_\_\_\_

\_\_\_\_\_  
Physician/Legal Prescriber

\_\_\_\_\_  
Signature of Physician/Legal Prescriber

\_\_\_\_\_  
Office Phone Number

\_\_\_\_\_  
Office Fax Number

\_\_\_\_\_  
Date

**The following is to be completed by a parent/legal guardian.**

1. I, the undersigned, ask that the above medication be administered to my child as directed and hereby release everyone participating in this request from any and all liability associated therewith or stemming therefrom.
2. When the School Nurse is not available, a trained designee may assist your child in taking his/her medication.
3. I understand that all requests for medication to be given at school must be made following all Dorchester District Two rules for Medication Management at school. These rules can be found in the Parent/Student Handbook and on the District website.
4. I understand that all requests for medication to be given at school must be submitted via this form and approval is at the discretion of the District after a review of both completeness of documentation and appropriateness of administration within the school setting.
  - a. All prescription and over-the-counter medications, including but not limited to acetaminophen/ibuprofen, cough medicine, vitamins, supplements, cough drops, and lotions/ointments will not be given at school without this form completed by a legal prescriber and in a properly labeled container by a registered pharmacist as prescribed by law.
  - b. Herbals, food supplements, alternative medicinal products, and other items that do not have FDA approval will not be given at school without a medication permission request form completed by a legal prescriber and in a properly labeled prescription container by a registered pharmacist as prescribed by law. Items prescribed for off-label use may require District-level approval before they can be accepted for administration in school.
  - c. Students may never take the first dose of a medication at school to ensure proper home monitoring for side effects.
5. After approval, medications must be submitted to the School Nurse following all District guidelines for medications.
  - a. Medication must be brought in by the parent/guardian or other responsible adult, **NOT THE STUDENT**.
  - b. Medication must be in the current prescription bottle/package and must be properly labeled by a registered pharmacist as prescribed by law (ask your pharmacist to prepare a separate labeled bottle for school use).
  - c. Only a 31-day supply may be delivered to school.
6. All medicine not registered with the School Nurse will be in direct violation of district policy.
7. Parents are also reminded that school personnel will dispose of medication not claimed at the end of the school year.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date