



PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION OF MEDICINE OR SPECIAL PROCEDURE BY SCHOOL PERSONNEL

Special health care procedures and medications may be administered at school by designated employees of the district when such treatment is necessary for school attendance. Medication or special procedure may be administered by a school nurse or employees designated by the principal. The medication is administered either from a container that appears to be the original container and properly labeled by the pharmacy or from a properly labeled unit dosage container filled by a school nurse or designated district employee. This completed form along with the medication and/or special equipment items are to be brought to the school by the parent.

THIS INFORMATION IS CURRENT UNTIL NEW OR UPDATED INFORMATION IS RECEIVED OR FOR ONE CALENDAR YEAR FROM DATE OR UPDATE OF REQUEST.

- 1. Name of Pupil Birth Date
2. Address School
3. Condition for which prescribed treatment is required: ICD 10 Code
4. Specific medication or procedure:
5. Dosage and method of administration/instruction, time(s) of day, requirements for special health care procedure. Self-Administration of Asthma or Anaphylaxis Medicine
6. Precautions, unfavorable reactions:
7. Disposition of pupil following administration or procedure, if applicable, i.e., rest, home, hospital, doctor's office, return to class.
8. Date of Request Date of Termination
9. Physician's Name (printed) Signature
Physician's Address Telephone Number

BY

FILED IN NURSE'S OFFICE ON

We (I), the undersigned, the parents/guardians of request the above medication or procedure be administered to our (my) child. We (I) authorize, as needed, the sharing of information related to my child's health between the school nurse (or designee) and the health care provider listed above.

Nosotros, los padres/los tutores de solicitamos que el medicamento o procedimiento anterior se administre a nuestro (mi) hijo. Nosotros (yo) autorizamos según sea necesario el intercambio de información relacionada con la salud de mi hijo entre la enfermera de la escuela (o su designado) y el proveedor de atención médica mencionado anteriormente.

Name Relationship Telephone Home Business
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NOTE: Prescribed asthma or anaphylaxis medicine may be kept and self-administered by the student if the physician indicates this in writing and student is capable of self-administration.

### MEDICATION OR SPECIAL PROCEDURE RECORD ADMINISTRATION

(This record is used by all district employees administering medication/special procedures during the school day or field trips.)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ School Year \_\_\_\_\_

Medication/Procedure \_\_\_\_\_ Dosage \_\_\_\_\_ Time(s) \_\_\_\_\_

After administering medication/special procedure, initial in the appropriate space. Use a separate form for each medication or procedure. Medications or special procedures that will be current for the next school year are to be kept in the Medication Notebook. Record the medication or procedure in the student's electronic health record daily.

**Codes: A = Absent, X = No School, M = Missed, N = No Medication, R = Refused \*Shaded area in date box is for medication count.**

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
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Name _____	Initials _____	Name _____	Initials _____	Disposition: _____	Date _____
_____	_____	_____	_____	Medication/procedure discontinued _____	
_____	_____	_____	_____	Medication/special equipment returned to parents _____	
_____	_____	_____	_____	Medication disposal _____	