

(To be filled out by physician)

REQUEST FOR SCHOOL ADMINISTRATION OF MEDICATION

In order for children to receive medicine while at school, the following (both parts A and B) must be completely filled out and returned to the school prior to its administration.

A. Health Care Provider's Order for Medication at School

I request the following student to be given medication at school because I believe there exists a valid health reason which makes the administration of medication advisable during the time the student is under the supervision of school officials.

Student's Name

Birthdate

Medication to be administered

Dosage and mode of administration

Condition being treated

Time to be given at school

Inclusive dates during which medication is to be given

Side effects to be expected, if any. (What emergency measures should be taken if this occurs)

Other medications being taken at home or school

Health Care Provider's Name (printed)

Health Care Provider's Signature

Date

(To be filled out by parent)

B. Parent's request for Giving Medication at School

I requested that the designated staff member give my child the medication prescribed by our health care provider.

The medication is to be furnished by me and is to be in the original container from the pharmacy with the label matching the written doctor's order. If any changes in medication or dosages occur, the school must be notified immediately and a new form must be completed. Student's misuse of medication being self-administered will result in confiscation and disciplinary action.

I authorize the physician to speak with the Registered Nurse regarding my child and this medication.

Signature of Parent or Guardian

Date

Work Phone

Home phone

Fax #

Health Care Provider's Phone #

Health Care Provider's Fax #