PK-12 PRESCRIPTION MEDICATION REQUEST FORM

TO BE COMPLETED BY THE PHYSICIAN

Student Name____Birth Date ____________________

Building and Grade of Student:____

Student Address ____

Diagnosis____

Medication____

Dosage or Procedure Required ____

Time Required ____

Can a morning dose be given if forgotten at home?___________________________________

What is the morning dose? ____

Should afternoon dose be adjusted?________________________New Time______________

Possible adverse reactions, which should be reported to the parent and physician:

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Special instructions for administration (including students carrying own meds):

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Date when administration of medication is to begin: ___________________________________

Date when administration of medication is to end: _____________________________________

Physician's Signature: ____

Physician's Name: ____

Physician's Address: ____

Physician's Telephone Number: ____

Physician's Fax Number: ____

TO BE COMPLETED BY THE PARENT

Student Name____Grade Level _____________

As a parent or legal guardian of the above named child, my signature below authorizes school personnel to administer the medication as instructed by the physician. I understand that a trained staff member administering the medication might not be a health professional.

1. I will deliver the medication to the clinic staff in its original container.
2. I will notify the clinic staff immediately if there is any change in the use of this medication or the prescribed treatment.
3. I release and agree to hold the Board of Education, its officials, and its employees harmless from any and all liability foreseeable or unforeseeable for the damages or injury resulting directly or indirectly from this authorization.
4. I agree that school officials are authorized to contact the physician on matters relating to the medication.
5. I agree that this form is in effect for the duration of the current school year unless stated below.
6. I have read the above statements and agree to them

___________________________________ ______________

Parent's Signature(s) Date Signed

___________________________________ ______________