



Student Medication Administration Form

In order to insure that all prescriptions are properly administered by school nurses the following procedures must have been established:

1. ONLY medications ordered by a physician will be given during school hours.
2. WRITTEN directions are required from a physician detailing the name of the medication, dosage, time intervals between doses.
3. The signature of the parent or guardian is required requesting that the school district comply with the physician's order.
4. Medication must be brought to school by the parent or guardian in a container appropriately labeled by the pharmacy.
5. Medication needed for five days or less only requires a parent or guardian signature.

Please complete and sign this form:

Name of Child: _____

Teacher: _____

Diagnosis: _____

Medication: _____

Dose & Time to be administered: _____

Allergies: _____

Special Instructions: _____

Physician: _____ Date: _____

I hereby authorize the school nurse to administer the medication as prescribed above. I understand that it is my child's responsibility to make arrangements with appropriate school personnel to report to the clinic at the time medication is to be administered. I give permission for the clinic staff to contact my child's physician regarding his/her medication if needed.

Parent/Guardian: _____ Date: _____