



District Office

Phone: 716-375-6600

Fax: 716-375-6629

Middle-High School

Ext. 2110/2100

Fax: 716-375-6630

Elementary School

Ext. 4172

Fax: 716-375-6628

Special Education

Ext. 4164

Fax: 716-375-6601

Bus Garage

Ext. 6612

Fax: 716-375-6627

MS/HS PUPIL MEDICATION FORM
Request for Administration of Medication during School Day

Student Name _____ Grade _____

DOB _____

Home Address _____

I. TO BE COMPLETED AND SIGNED BY PARENTS OR GUARDIAN

I request the school nurse to administer the medication as described below, by my physician to my child _____.

I will supply the school nurse with medication prescribed below in the original container, or a duplicate professionally labeled by the pharmacist for this purpose.

SIGNATURE _____

RELATIONSHIP _____ DATE _____

II. TO BE COMPLETED AND SIGNED BY PHYSICIAN

Student's Name _____

Diagnosis _____

Name of Medication _____

Dosage & Time to be given _____

Side Effects to REPORT: _____

Side effects to expect: _____

PHYSICIAN SIGNATURE _____

Phone # _____ Date _____