

Delano Public Schools
Medication Administration Form

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Check the boxes to indicate that you have read and understand the requirements for medication administration at school.

- Proper completion of this form by parent or guardian
- Medication supplied:
 - If it is OTC(Over-the-Counter), the medication must be in a **sealed** container.
 - If it is a prescription medication, the medication must be in the original container.
 - The medication will NOT be administered if it is expired, please check the expiration date.
 - One form must be completed for each medication.
- Prescription medications **must have a physician's signature before we can administer the medication** at school. No prescription medications will be given without physician authorization.
- OTC medication can only be given **AS DIRECTED** on the bottle, unless authorized by a physician.
- OTC medications can be administered for two school days without a signed form.
- The School Nurse has the right to request a Physician's note or order:
 - If the student is taking OTC medications frequently
 - If the student is taking any aspirin-containing products
- It is the responsibility of the parent to retrieve any unused or expired medications from the Health Office.
- This form is for the current school year only, and must be renewed annually.

Student: _____ Date of Birth: _____

Teacher: _____ Grade: _____

Medications taken at home: _____

OTC (Over the counter) Prescription

Medication: _____ Dose: _____

Route: _____ Time to administer: _____

Duration: _____ Medical reason for this medication: _____

If this is as needed, how often can it be repeated: _____

Possible side effects of the medication: _____

Medication Allergies: _____

Other medications taken at this time: _____

High School Inhalers ONLY: Student may self-carry Yes No, it should be in the health office

If Prescription ► Physician Signature: _____ Date: _____

Physician printed name: _____ Phone #: _____

Clinic: _____ Fax #: _____

Would you like these medications sent with this student on field trips or when off campus? Yes No

I request these medications be administered and I give the Health Services Staff authority to communicate with the ordering Physician about this medication. I release school personnel from any liability in the event of reactions resulting from administration of this medication at school.

Parent/Guardian Signature: _____ Date: _____