



MEDICATION ADMINISTRATION NECESSARY AT SCHOOL

The Special School District's medication policy states "Medications will be administered at school when it is not possible or not effective for the student to receive the medication at home" as determined by the student's physician in conjunction with the parents or guardians and the school nurse. Such determination will be documented below.

The parent/guardian of _____ has requested that
student name

_____ be given at school.
Medication Dose Time

This will be administered by the school nurse or their designee, with physician authorization and completion of this form.

Purpose of the medication: _____

Justification/Need for medication to be given during school hours: _____

Possible side effects of this medication: _____

When a student is out of the building (community access, Special Olympics, etc.) can the medication time be adjusted? Please provide specific instructions for this.

I authorize the above-named medication to be administered during school hours.

Authorized Prescriber

Date

Please return this form to the school nurse by fax: _____