



Physician Request for Administration of Prescription Medication During School Hours

It is the policy of Gwynedd Mercy Academy High School to request that medication be given before or after school hours whenever possible. If it is **essential** that the student receive medication during school hours, please have your licensed physician complete the following request. **Please email this completed form to the GMAHS School Nurse Christine Ledwith clledwith@gmahs.org**

Student Name: _____ Grade: _____

Diagnosis: _____

Reason for medication to be given in school: _____

Name of medication: _____

*Dosage and Route of Medication: _____

Total dosage in 24 hours: _____

Time to be given: _____ Date start: _____ Date end: _____

Possible side effects/special consideration: _____

Treatment of side effects/actions to be taken: _____

Other prescribed medications student is taking outside of school hours: _____

FOR DAILY MEDICATIONS ONLY:

In the event of a field trip, the student may, per instruction from parent/guardian:

- Omit his/her medication: ☐ Yes ☐ No Physician Initials: _____
- Receive upon return to school: ☐ Yes ☐ No Physician Initials: _____

In the event the daily dose is not taken at home, per instruction from parent/guardian:

- Administer at school: ☐ Yes ☐ No Physician Initials: _____

Physician Signature: _____ Date: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____ Phone: _____

I authorize the School Nurse to communicate with my child's physician and my physician to reply, as needed, regarding this medication/treatment and/or my child's response.

*Any medications to be given during school hours must be delivered directly to the School Nurse. The medication must be brought to the school in the original pharmaceutical dispensed and properly labeled container. All controlled medications must be delivered to the School Nurse by an adult, counted, and recorded on the student's medication log. If the medication or treatment prescribed exceeds or differs from that approved by the FDA or manufacturers' recommendations, the physician or parent/guardian will be required to submit written details to the School Nurse.