



DORCHESTER SCHOOL DISTRICT TWO 2026-2027 MEDICATION REQUEST FORM

INTERNAL USE ONLY:	
<input type="checkbox"/>	Med Received/Labeled
<input type="checkbox"/>	Order Entered into SNAP
<input type="checkbox"/>	ICD-10/Billable Time
<input type="checkbox"/>	Order Scanned into SNAP
<input type="checkbox"/>	Condition Entered
<input type="checkbox"/>	IHP Created
<input type="checkbox"/>	EAP Created (if needed)

The following is to be completed by a physician/legal prescriber. *One medication and/or dose per form.*

Name of Student: _____ DOB: _____ Grade _____

Name of Medication: _____ Dosage: _____

Medication is prescribed for: _____ ICD-10 Code: _____

If PRN, list indication(s): _____

Time(s) to be given at school: _____ Start Date: _____ End Date (if applicable) *: _____

*UNLESS OTHERWISE INDICATED, THESE ORDERS ARE VALID THROUGH CURRENT SCHOOL YEAR, INCLUDING SUMMER PROGRAMMING

List any potential reactions with appropriate treatment: _____

Physician/Legal Prescriber

Signature of Physician/Legal Prescriber

Office Phone Number

Office Fax Number

Date

The following is to be completed by a parent/legal guardian.

<input type="checkbox"/>	YES – my student should receive their scheduled medication on ERDs
<input type="checkbox"/>	NO – scheduled medication should be held (not given) on ERDs
<input type="checkbox"/>	Not Applicable

- I, the undersigned, ask that the above medication be administered to my child as directed and hereby release everyone participating in this request from any and all liability associated therewith or stemming therefrom.
- When the School Nurse is not available, a trained designee may assist your child in taking his/her medication.
- I understand that all requests for medication to be given at school must be made following all Dorchester District Two rules for Medication Management at school. These rules can be found in the Parent/Student Handbook and on the District website.
- I understand that all requests for medication to be given at school must be submitted via this form and approval is at the discretion of the District after a review of both completeness of documentation and appropriateness of administration within the school setting. **No alternative forms will be accepted.**
 - All prescription and over-the-counter medications, including but not limited to acetaminophen/ibuprofen, cough medicine, vitamins, supplements, cough drops, and lotions/ointments will not be given at school without this form completed by a legal prescriber and in a properly labeled container by a registered pharmacist as prescribed by law.
 - Herbals, food supplements, alternative medicinal products, and other items that do not have FDA approval will not be given at school without a medication permission request form completed by a legal prescriber and in a properly labeled prescription container by a registered pharmacist as prescribed by law. Items prescribed for off-label use may require District-level approval before they can be accepted for administration in school.
 - Students may never take the first dose of a medication at school to ensure proper home monitoring for side effects.
- After approval, medications must be submitted to the School Nurse following all District guidelines for medications.
 - Medication must be brought in by the parent/guardian or other responsible adult, **NOT THE STUDENT.**
 - Medication must be in the current prescription bottle/package and must be properly labeled by a registered pharmacist as prescribed by law (ask your pharmacist to prepare a separate labeled bottle for school use).
 - Only a 31-day supply may be delivered to school.
- All medicine not registered with the School Nurse will be in direct violation of district policy.
- Parents are also reminded that school personnel will dispose of medication not claimed at the end of the school year.
- I give permission for the School Nurse to contact the prescriber as needed regarding this request.

Signature of Parent/Legal Guardian

Date