



Request to Administer Medicine at School

Medication Administration Policy:

Written authorization from both parent/guardian AND physician/licensed prescriber must be received before ANY medication can be administered. It needs to be renewed annually or whenever the medication changes.

**NOTE: Medication is to be supplied in original over the counter/prescription bottles.
(The pharmacist will divide prescriptions into two separate, completely labeled bottles – one for home and one for school.)**

Name of Student _____ Birth date _____

School _____ Grade _____

Diagnosis _____

Medication _____

Dosage _____

Time/Frequency _____

Side effects _____

Start date _____ Stop date _____

School has permission to administer a missed dose following parental consent.

Print Name of Physician

Physician's Signature

Physician's Clinic Address

Phone

Date

1. I request medication to be given at school as prescribed by a physician/licensed prescriber.
2. I release the school personnel from liability in the event any reaction results from the medication.
3. I give permission for the school nurse to consult with the above named student's physician/licensed prescriber regarding any questions that arise relating to the above listed medication or medical condition(s).
4. I give permission to delegated licensed school personnel to administer medication on field trips.

Parent/Guardian Signature

Date