

REQUEST FOR ADMINISTERING MEDICATION IN SCHOOL

*Parents: Ask your pharmacist for a second bottle with a label to send part of the medicine to school.**

***PLEASE DO NOT SEND MEDICATION TO SCHOOL UNLESS ABSOLUTELY NECESSARY.**

Student's Name: _____ Birthdate: _____

Teacher's Name: _____ Grade: _____

Medication: _____

Dosage: _____ Time to be Given: _____ a.m. _____ p.m.

Date-From: _____ To: _____

Medical provider prescribing this medication: _____

Phone Number: _____

Illness or condition causing necessity for medication: _____

Medication furnished by parent is administered at school following these guidelines:

- *Parent/Guardian signed, dated authorization to administer the medication.*
- *The medication is in the original labeled container as dispensed or the manufacturer's labeled container.*
- *The medication label contains the student name, name of the medication, dose, and time.*

Annual renewal of authorization and immediate notification, in writing, of changes.

I request the above student be given the medication at school and school activities by qualified staff according to the prescription or nonprescription instructions and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I request my student may possess and self-administer asthma type medication. If the student abuses this right it may be withdrawn by the school or the student disciplined.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonable, prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school, and to pick up remaining medication and equipment or it will be properly destroyed at the end of treatment or at the end of that school year.

Parent Signature: _____ Date: _____

BELOW FOR SCHOOL USE ONLY

Date and time medication given
and initial of person giving
medication.

Initials Signature

Medication sent home: _____ Proper disposal: _____ Amount: _____

Signature: _____