

REQUEST FOR ADMINISTERING MEDICATION IN SCHOOL

Parents: Ask pharmacist for second bottle with label to send part of medicine to school

Child's Name: _____ Grade/Teacher: _____

Name of Medicine: _____ Prescriber: _____

Diagnosis for which medication is to be given: _____

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

If medicine is to be given "WHEN NEEDED", describe indications: _____

Dates to be given: From _____ to _____

Should this medication: _____ remain at school until finished
_____ be sent home daily

This prescription medication is furnished by parent/guardian in the original container which shall be labeled with:

- a. Name of pupil
- b. Name of medicine
- c. Directions for use
- d. Name of physician
- e. Name and address of pharmacy
- f. Date of prescription

Over-the-counter medicine shall be maintained in the original container.

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 adverse 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.

Parent/Guardian Signature

Date