



## REQUEST FORM FOR ADMINISTRATION OF MEDICATION/PROCEDURE DURING THE SCHOOL DAY

To be completed for EACH prescription medication, nonprescription medication or procedure.  
Consult the school handbook for specific information regarding the district medication policy.

Parents of students requesting that medication/procedure be administered during school hours by school staff are required to provide for the school: **1) Physician's order for administration, and 2) Parental request and consent for the administration of medication/procedure.** Students may not self-administer any medication.

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year \_\_\_\_\_

### Physician Order

**For administration of medication/procedure by school personnel**

*The following medication/procedure is to be administered to this student during the school day:*

Medication/Procedure: \_\_\_\_\_

Dosage: \_\_\_\_\_ Time/Frequency: \_\_\_\_\_ Diagnosis: \_\_\_\_\_

School Year or Effective Dates: \_\_\_\_\_

For asthma inhalers in Grades 6-12 ONLY: Student may carry inhaler? **YES** **NO**

Additional information: \_\_\_\_\_

**PHYSICIAN SIGNATURE** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Physician Name: \_\_\_\_\_ Location: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please see Parent Request and Consent on the back of this form**



**Parent Request & Consent for Administration of Medication/Procedure  
By School Personnel**

- I request this medication/procedure be administered as prescribed during the school day.
- Medication will be supplied in its original properly labeled prescription bottle.
- I understand that all medication must be delivered to school by the parent/guardian. Under no circumstances may a student bring in or carry medications in the school themselves.
- I understand that no medication will be sent home with my child.
- This order is in effect for this school year only.
- I will notify the school in writing with any changes and obtain a new physician's order.
- I authorize school personnel to exchange information with the prescribing physician regarding this medication and the condition for which it is prescribed.
- I release school district personnel from any liability claims as a result of the administration of this medication as directed.

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Emergency Telephone:** \_\_\_\_\_