



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

To be completed for EACH prescription medication.

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: _____

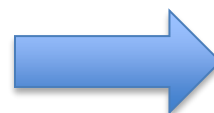
For asthma inhalers in Grades 6-12 ONLY: Student may carry inhaler? **YES** **NO**

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:_____