

### Medication Administration Request Form

Medications should be administered at home whenever possible. The nurse may administer medications in the health office when it is necessary to support the health and safety of the child while in school.

\*Prescription or Over-the-Counter (OTC) medication must be submitted to the school nurse by the Parent/Guardian in the original, pharmacy-labeled bottle.\*

#### Student Information

Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Parent/Guardian 1 Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Parent/Guardian 2 Phone#: \_\_\_\_\_ Alternate Phone#: \_\_\_\_\_

Student Allergies: \_\_\_\_\_

Student Medications: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

#### Medication Information

Name of Medication: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Dose: \_\_\_\_\_ Route: \_\_\_\_\_

Time(s) to be administered: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician Name (Print):

\_\_\_\_\_  
Office Stamp:

#### Consent

\_\_\_\_\_ I request the nurse, and/or trained delegate to administer the above medication and understand that medication must be submitted in a properly labeled bottle. I also understand that medication must be picked up at the end of the school year or it will be discarded.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_ Relationship: \_\_\_\_\_

*\*Request to administer medication terminates automatically at the end of each school year. A parent will need to submit a new request for the next school year\**