

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 (Name): _____ Phone#: _____

Parent/Guardian 2 (Name): _____ Phone#: _____

Student Allergies: _____

Student Current Medications: _____

Medical Diagnosis/Reason for Medication: _____

Medication Information (to be filled out by Physician)

Name of Medication: _____

Start Date: _____ End Date: _____

Dose: _____ Route: _____

Time(s) to be administered: _____

Physician's Signature

Date

Physician Name (Print):

Office Stamp:

Consent (to be filled out by Parent/Guardian)

_____ 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