

**Request for "As Needed" Medication in School**

**Section 1 - Student Information**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Homeroom Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_  
 Parent/Guardian 1: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent/Guardian 2: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Student Allergies (if any): \_\_\_\_\_  
 List Current Medications (if any): \_\_\_\_\_  
 \_\_\_\_\_

**Section 2 - Medical Information**

The Nurse will administer medication in the health office when it is necessary to support the student's health and safety in the school.

**Diagnosis:** For headaches and/or menstrual cramping (**ONLY**) \*please also see Benadryl/Epi-pen note below\*

1. **Medication (check one or both):** ☐ Tylenol (Acetaminophen) ☐ Motrin (Ibuprofen)
2. **Dose:** Per package instructions
3. **Time:** every 4-6 hours as needed
4. **Route:** Orally
5. **Physician Name:** Dr. Richard Bezozo **\*Physician Standing Order on File in Nurse Office\***

**\*Medication must be submitted by a Parent/Guardian in the *original, pharmacy-labeled bottle*.\***

**Section 3 - Consent**

\*The nurse may also administer Benadryl (diphenhydramine) and Epi-pen/Epi-pen Jr (epinephrine) per the Physician's standing order for severe allergy (**NOT** seasonal allergies), and/or anaphylaxis.

\_\_\_\_\_ **I request the nurse to administer the above medications per the Physician's Standing Orders**

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Please Note:** This form expires at the end of the school year and will need to be submitted again at the beginning of the new school year.