

**Prescription and/or Over-the-counter Medication Administration Form**

Parent/Guardians of students requesting that **any** medication, prescription or OTC be administered **during school hours** by school staff are required to provide for the school:

1. the **physician's order**,
2. a **parental release**, and
3. medication supplied in the **original container**.

*Ask for prescription medication to be divided in two bottles completely labeled - one for home and one for school.*

**Student Name:** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**Birthdate:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Home Room:** \_\_\_\_\_

**PHYSICIAN ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL**

I have prescribed or authorized the following medication for this student and request that dosages be given during school hours:

Medication:	Dose:	Route:
Time:	PRN Repeat Frequency:	
(Morning medication dose _____ mg. to be given at school, <b>only</b> if student forgets to take it at home.		
Reason for medication:		
Possible side effects:		
Special Instructions:	Last date to be given:	
Medication ALLERGIES:		
Print Physician's Name:	Phone: ( )	
<b>Physician Signature:</b>	Date:	

**PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION**

I request this medication be given as prescribed. I release school personnel from any liability in the administration of this medication at school. I understand that I am responsible for communications with the ordering health care providers about this medication. **I understand that medication will not be administered by a school nurse.**

Please check appropriate spaces below:

☐ Keep this medication in school

☐ Send this medication home each evening

Physician and I agree that this student needs medication on field trips.

☐ Yes

☐ No

I feel my child/adolescent should carry and self-administer his inhaler.

☐ Yes

☐ No

I feel my child/adolescent should carry and self-administer his epinephrine (Epi-Pen).

☐ Yes

☐ No

**Parent/Guardian Signature:**

Date:

Home Phone: ( )

Work Phone: ( )

Work Phone: ( )

**To promote safety for your child, medication information may be shared with school personnel working with your child and with 911 personnel, if they are called.**