



**ADMINISTRATION OF ANY MEDICATION
DURING THE SCHOOL DAY**

Parents of students requesting that any medication 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**. Please ask the pharmacist for a second bottle for school for prescription medicine.

**PHYSICIAN'S ORDER FOR ADMINISTRATION
OF MEDICATIONS**

Student's Name: _____ DOB _____

I have prescribed the following medication for this student and request that it be given during school:

Medication _____ Dose & Time _____

(Morning medication dose _____ mg. to be given at school, only if student forgets to take it at home.)

For treatment of _____

Possible side effects _____

Special Instructions _____

PRINT Physician's name and address: _____

Physician's Signature: _____ Phone: _____ Date _____

**PARENTAL REQUEST FOR ADMINISTRATION
OF MEDICATION**

I request this medication be given at school as prescribed by the above physician. Medication information may be shared with school personnel working with my child and with 911 personnel, if they are called.

All medications will be kept in the health office. *If the student is to keep his/her inhaler/epipen with him/her for self-administration of the medication, please complete the following:*

I feel my student should carry and self-administer his/her inhaler. Yes _____ No _____

I feel my student should carry and self-administer his/her epipen. Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____