

# ADMINISTRATION OF PRESCRIPTION MEDICATION REQUEST

Requests for school personnel to assist in administration of medications require that this statement be filed with the school office.

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## STUDENT INFORMATION

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To be completed by parent/guardian:

Student Name: \_\_\_\_\_

                    Last

  First

  Middle

Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Teacher: \_\_\_\_\_

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## PARENT/GUARDIAN STATEMENT

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During school hours and away from school for school activities, the principal, assistant principal, secretary, clerk, teacher, teacher assistant, guidance counselor, or nurse has my permission to assist in administering the medication prescribed and communicate with the physician when deemed necessary. I assume full responsibility for any side effects and complications my child may have as a result of taking this medication.

Medication needs to be transported to school by parent or responsible adult.

I understand that all medication(s) provided to the school for use must be labeled by the pharmacist and that any changes must be reported by resubmitting this form with the school principal.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Work Phone Number

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## PHYSICIAN STATEMENT

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To be completed by the physician:

Name of Drug: \_\_\_\_\_

Dosage and times at school: \_\_\_\_\_

Estimated Termination Date: \_\_\_\_\_

For the Treatment of: \_\_\_\_\_

Side Effects (adverse reactions) which should be reported to the physician: \_\_\_\_\_

For Inhaled Medications:

[  ] I (name) \_\_\_\_\_ have instructed \_\_\_\_\_ in the proper way to use his/her inhaled medications. It is my professional opinion that \_\_\_\_\_ should be allowed to carry and use that medication by him/herself.

[  ] It is my (name) \_\_\_\_\_ professional opinion that \_\_\_\_\_ should carry his/her inhaled medications and receive assistance with administration.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print or type name of physician

\_\_\_\_\_  
Phone

Address: \_\_\_\_\_

\_\_\_\_\_