

STUDENT MEDICATION REQUEST FORM
(for prescription and nonprescription medications)

Student's Name _____ School Building _____
Date of Birth _____ School Year _____ Class/Teacher _____

TO BE COMPLETED BY PRESCRIBING PHYSICIAN

Student Name _____ Address _____
is under my care and should receive:
Drug _____ Dosage _____
Route _____ at the following times _____
Date administration of drug is to Begin _____ and End _____
Severe adverse reactions which should be reported to the doctor _____

Special instructions for administering the drug _____

Storage requirements or sterile conditions needed for the drug _____

Should a change in any of the above information occur, a revised written physician's statement must be submitted to the school. _____
Physician's Printed Name

Date _____ Physician's Signature

Physician's Phone _____

TO BE COMPLETED BY PARENT OR GUARDIAN

I hereby request and give my permission to the principal or his designee (school nurse or other responsible Board-authorized person) to administer the above medication to my child as instructed by the physician.

All medication must be brought to the school in the original container as dispensed by the pharmacist or physician and be clearly labeled. Ask the Pharmacist to give you two containers. Send only the amount of medication that will be administered during school hours. Medications will be kept in the clinic/office.

If any revisions in the above plan or doctor's statement occur, a written revised doctor's statement must be submitted to the school. (It is understood that it is the student's responsibility to seek the medication at the proper location and time unless he/she is physically or mentally unable to do so.)

Parent/Guardian Signature _____

Date _____ Phone No. _____ home _____ work _____

SCHOOL USE:

Date received _____ Initialed by _____

Student's Name _____

Medication _____

Date rec'd	# pills	Parent initial	School initial		Date rec'd	# pills	Parent initial	School initial

Initial _____ Name _____

Initial _____ Name _____

Initial _____ Name _____

Initial _____ Name _____