

**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 \_\_\_\_\_

