

REQUEST FOR MEDICATION TO BE ADMINISTERED
DURING SCHOOL ATTENDANCE

Name of Student: _____

School: _____ Grade: _____

Teacher _____

Medication: _____ Dosage: _____

Date Medication started: _____ Reason for RX: _____

Time and Day Medication is to be given: _____

Anticipated Number of Days to be administered at school: _____

Possible side effects: _____

Date: _____

Signature of Physician, PA, ARNP

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I hereby give permission for _____ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the physicians or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student as a result of administering such drug. It is also my understanding that I will assume responsibility for monitoring the effects of any over the counter medications.

Date: _____

Signature of Parent / Guardian

PLEASE NOTE WELL: The medication is to be brought to school **in the original container** appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage, and times to be administered. **Any medication brought to school in baggies, or Tupperware will not be dispensed.** Parents will be called to come to school in person to get the unusable meds and at the end of the year; unclaimed meds will be thrown away. There will be no exceptions to this important rule.