

# 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 administered at school: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Physician, PA, APRN: \_\_\_\_\_

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I hereby give permission for \_\_\_\_\_ to take the above prescription medication 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.