## PARENT'S REQUEST TO ADMINISTER MEDICATION IN SCHOOL

Dear Parent/Legal Guardian:

To request medication administration at school, please note:

This form must be completed and signed by you and your child's medical provider.

- A new form is needed for all changes in medication, dose, or time.
- The medication should be brought to school by a parent/guardian or responsible adult.
- The medication container must be labeled by the pharmacy with the student's name, prescriber's name, name of medication, dosage, route,
- conditions for storage, prescription date, and expiration date.
- Unless otherwise specified, medication order is valid for the entire school year.
- Expired and discontinued medication not picked up by the last day of school will be destroyed.

## HEALTH CARE PROVIDER'S INSTRUCTIONS FOR GIVING MEDICATION IN SCHOOL

Name of Student:		Date of E	_ Date of Birth:	
Condition for which medica	ation is being administered:			
Medication Name:		Dose:	Route:	
Time/Frequency of adminis	stration:	If PRN, frequency:		
If PRN, for what symptoms	:			
Relevant side effects: 🛛 I	None expected			
Prescriber's Name/Title:			Telephone:	
Address:			Fax:	
Prescriber's Signature:			Date:	
	(Original signature or <u>signa</u>	<u>ture</u> stamp ONLY)		
	PARENT/C	GUARDIAN AUTHOR	IZATION	
	chool personnel to administer the			

legal authority to consent to medical treatment for the student named above, including the administration of medication at school. (I/We understand that at the end of the school year, an adult must pick up the medication, otherwise it will be discarded.) I/We authorize the school nurse to communicate with the health care provider.

Parent/Guardian Signature:	Da	ate:

Home Phone #:	Cell Phone #:	Work Phone #

For Altered School Schedules, The following Medication Guidelines Will Apply Unless You Indicate Otherwise in Writing :

- One hour late opening: doses will be given as usual, with minor modifications in timing, if needed.
- Two hour late opening: medications scheduled to be given before 10 a.m. will not be given in school; other doses will be given
  according to the prescribed schedule.
- Three hour early dismissal: medications scheduled to be given at lunchtime or later will not be given.

## AUTHORIZATION FOR STUDENT TO CARRY EPI-PEN AND/OR INHALER

Prescriber Authorization	Signature	Date				
	Signature	Date				
TO BE COMPLETED BY SCHOOL						
Date form received at school :	Reco	eived by:				