

AUTHORIZATION FOR ADMINISTRATION OF MEDICATION

District policy states that medication may be given to students only upon the written request of the student's physician and parent.

All medication sent to school must be in the original package. Prescription medications must be in the labeled pharmacy container. The label must include: student's name, physician, name of the medication, dosage and time to be given. Medication sent to school should not exceed a two-week supply.

This form must be completed and returned to the school nurse before the medication can be given.

TO BE COMPLETED BY THE DOCTOR:

Student Name: * _____ *

Diagnosis: _____

Medication and dosage: _____

Time of administration: _____

Possible side effects: _____

Special instructions: _____

Other medications student is receiving: _____

I request that the above medication be administered by the school nurse. I understand that in the nurse's absence designated staff will directly assist the student in taking the medication.

Physician Signature

Parent/Guardian Signature

Phone Number

Relationship

Date

Date