



Request for Administration of Medication, School Year 2022-2023

Parents have the primary responsibility of giving medicine to their child at school and may come to school to give medicine at any time, after checking in at the school.

Requests for the administration of medications by school personnel may be made as follows:

1. A separate request form is to be completed for each medication, and a new request made for each change in medicines or dosages.

2. Only those medications that cannot be given outside school hours will be administered. Most three times a day medicines can be given before and after school.

(Prescriptions can be written so that doses are not necessary during school hours. Please discuss this with your doctor)

3. All medication must be in the original, properly labeled container, accompanied by this completed form. Changes in dosages require new labels and new parent request forms; if labels and parent request forms do not match, medication will not be given.

4. At the end of the school year, any unused medication that has not been picked up by parents/guardians will be discarded.

For safety reasons, NO first doses of ANY medicine will be administered at school. All information below must be completed, and form signed before any medication will be given by school personnel.

Date of Request _____ Medication to be given from (start date) _____ until (end date) _____

Student's Name _____ Grade _____

Name of Medication _____

Exact dosage (in mg, puffs, etc.) _____ Time(s) to be given at school _____

Reason this medicine is required (for what condition?) and any special instructions, precautions, or side effects _____

If the above medication is to be given on an "as-needed" basis, the following* information must also be provided.

- *Indicate shortest intervals between doses _____ *Maximum number of doses during school day _____
- *Signs and /or symptoms for which the medicine is to be given _____

Physician's Name _____ Office Phone _____

I, the undersigned parent/guardian of _____ request the above medication be administered to my child. (Student's Name)

I also give permission to my child's teacher to administer this same Medication (s) as prescribed above on field trips during this school year.

Signature _____ () _____ () _____
Parent/Guardian Home Phone Work or cell

**Signature _____
Physician **(A properly labeled prescription container will be accepted as proof of physician's order)