

**MEDICATION ADMINISTRATION FORM**

***RETURN TO SCHOOL HEALTH OFFICE***

**Request from parents to have medication administered in school**

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

Name of Student: \_\_\_\_\_

Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time: \_\_\_\_\_

Directions for Administration: \_\_\_\_\_  
\_\_\_\_\_

Comments:

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Phone Number

Prescription medications will not be administered in school without specific orders from a physician. This form must be completed by the physician ordering the medication and must accompany the prescription and kept on file in the Health Office for the current school year. Medication provided must be in the original prescription container which includes the following legible information on the label:

- ◇ Individual pupil's name
- ◇ Date prescription filled
- ◇ Medication
- ◇ Time and dosage to be given
- ◇ Name of prescribing physician

The medication will not be given in school if the date on the prescription container is over one year old.

Remaining medications not consumed by the end of the school year should be picked up before the last day of school, otherwise it will be destroyed in the presence of a school administrator.

Please notify the School Nurse if there is any change in your child's prescribed medication, or if you have any questions or concerns.