

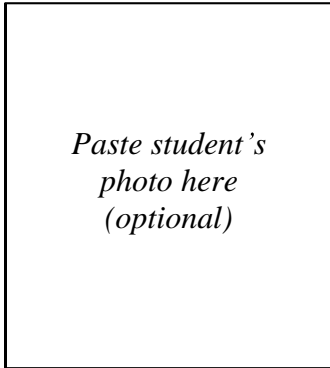
Pupil's name _____ DOB _____ School _____ Grade/H. Rm. _____

ADMINISTRATION OF MEDICATION

Parents of pupils requesting that **any** medication be administered during school hours by school staff are requested to provide for the school:

- 1) the **physician's order**,
- 2) a **parental release**, and
- 3) medication supplied in the **original container**.

Ask for prescription medication to be divided in two bottles completely labeled - one for home and one for school.



PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I have prescribed the following medication for this student and request that dosages be given as directed:

Medication _____ Dose _____ Route _____

Time _____ PRN Repeat Frequency _____

(Morning medication dose _____ mg. to be given, **only** if student forgets to take it at home.)

For treatment of _____ Possible side effects _____

Special Instructions _____ Last date to be given _____

Other medications taken at this time _____

_____ Medication **ALLERGIES** _____

Print physician's name _____

Physician signature _____ Date _____ Phone _____

PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION

I request this medication be given as prescribed and I give the Staff authority to communicate with the ordering physician about this medication. I release school personnel from any liability in the administration of this medication at school. **I understand that medication will not necessarily be administered by a school nurse.**

Please check appropriate spaces below:

Keep this medication in Community Ed Program Send this medication home each evening

Physician and I agree that this student needs medication on field trips. Yes No

I feel my child/adolescent should carry and self-administer his inhaler. Yes No

Parent/Guardian signature _____

Date _____ Home Phone _____ Work Phone _____

To promote safety for your child, medication information may be shared with school personnel working with your child and with 911 personnel, if they are called.

Name _____

School Year _____

Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	Mar.	Apr.	May	June
1 _____	1 _____	1 _____	1 _____	1 _____	1 _____	1 _____	1 _____	1 _____	1 _____
2 _____	2 _____	2 _____	2 _____	2 _____	2 _____	2 _____	2 _____	2 _____	2 _____
3 _____	3 _____	3 _____	3 _____	3 _____	3 _____	3 _____	3 _____	3 _____	3 _____
4 _____	4 _____	4 _____	4 _____	4 _____	4 _____	4 _____	4 _____	4 _____	4 _____
5 _____	5 _____	5 _____	5 _____	5 _____	5 _____	5 _____	5 _____	5 _____	5 _____
6 _____	6 _____	6 _____	6 _____	6 _____	6 _____	6 _____	6 _____	6 _____	6 _____
7 _____	7 _____	7 _____	7 _____	7 _____	7 _____	7 _____	7 _____	7 _____	7 _____
8 _____	8 _____	8 _____	8 _____	8 _____	8 _____	8 _____	8 _____	8 _____	8 _____
9 _____	9 _____	9 _____	9 _____	9 _____	9 _____	9 _____	9 _____	9 _____	9 _____
10 _____	10 _____	10 _____	10 _____	10 _____	10 _____	10 _____	10 _____	10 _____	10 _____
11 _____	11 _____	11 _____	11 _____	11 _____	11 _____	11 _____	11 _____	11 _____	11 _____
12 _____	12 _____	12 _____	12 _____	12 _____	12 _____	12 _____	12 _____	12 _____	12 _____
13 _____	13 _____	13 _____	13 _____	13 _____	13 _____	13 _____	13 _____	13 _____	13 _____
14 _____	14 _____	14 _____	14 _____	14 _____	14 _____	14 _____	14 _____	14 _____	14 _____
15 _____	15 _____	15 _____	15 _____	15 _____	15 _____	15 _____	15 _____	15 _____	15 _____
16 _____	16 _____	16 _____	16 _____	16 _____	16 _____	16 _____	16 _____	16 _____	16 _____
17 _____	17 _____	17 _____	17 _____	17 _____	17 _____	17 _____	17 _____	17 _____	17 _____
18 _____	18 _____	18 _____	18 _____	18 _____	18 _____	18 _____	18 _____	18 _____	18 _____
19 _____	19 _____	19 _____	19 _____	19 _____	19 _____	19 _____	19 _____	19 _____	19 _____
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21 _____	21 _____	21 _____	21 _____	21 _____	21 _____	21 _____	21 _____	21 _____	
22 _____	22 _____	22 _____	22 _____	22 _____	22 _____	22 _____	22 _____	22 _____	
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26 _____	26 _____	26 _____	26 _____	26 _____	26 _____	26 _____	26 _____	26 _____	
27 _____	27 _____	27 _____	27 _____	27 _____	27 _____	27 _____	27 _____	27 _____	
28 _____	28 _____	28 _____	28 _____	28 _____	28 _____	28 _____	28 _____	28 _____	
29 _____	29 _____	29 _____	29 _____	29 _____	29 _____	29 _____	29 _____	29 _____	
30 _____	30 _____	30 _____	30 _____	30 _____		30 _____	30 _____	30 _____	
	31 _____		31 _____	31 _____		31 _____		31 _____	

Administered by:

Controlled substances:

Date	#Rec	#Sent	Initial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Date	#Rec	#Sent	Initial
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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