

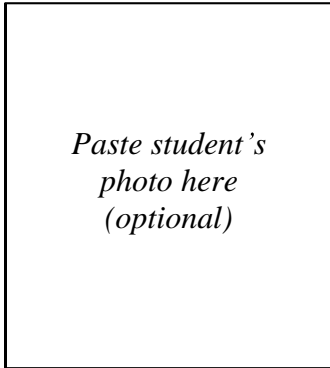
Pupil's name _____ DOB _____ School _____ Grade/H. Rm. _____

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 _____ |
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| 23 _____ | 23 _____ | 23 _____ | 23 _____ | 23 _____ | 23 _____ | 23 _____ | 23 _____ | 23 _____ | |
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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 |
|-------|-------|-------|---------|-------|-------|-------|---------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |