

Request For Medication Administration at School

PHYSICIAN TO COMPLETE:

Name of Student: _____ DOB: _____

Medication: _____ Dosage: _____

Time(s) medication is to be given: _____ a.m. _____ p.m. _____

To be given from (start and stop dates): _____ to _____ **OR** (check) _____ Current School Year

Significant Information (include side effects, toxic reactions, omission reactions): _____

Medical Conditions being treated: _____ Contraindications for administration: _____

If an emergency situation occurs during the school day or if the student becomes ill, school officials are to:

- a. Contact me at my office _____ Telephone _____
- b. Take child immediately to the emergency room at _____

Standard forms for most common diagnoses may be obtained from the front office or school nurse. All medication for use at school **must be delivered by parent/guardian** in a container properly labeled by a pharmacist with identifying information, (name of child, medication dispensed, dosage prescribed, and the time it is to be given or taken) or for OTC medications, in the manufacturer's labeled container.

Physician's Signature

Date

Parent Permission

I hereby give my permission for my child (named above) to receive medication during school hours. A licensed physician has prescribed this medication; therefore, I hereby release the Anderson Creek Academy Board, their agents and employees for all liability that may result from my child taking the prescribed medication. I consent for the medical provider to disclose health or medical information regarding the above prescribed medication. This information will be shared with school staff as deemed necessary. I agree to inform school staff of any change in my child's health status that would warrant change in this action plan. This consent is good for the current school year unless revoked in writing.

Parent/Guardian's Signature

Daytime Telephone Number(s)

Date

Approved by : _____
Principal's Signature

Date

Reviewed by: _____
School Nurse's Signature

Date