

## Request for Administering Prescribed Medications by School Personnel

STUDENT NAME: \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

GRADE: \_\_\_\_\_ TEACHER \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

DOSAGE: \_\_\_\_\_ TIMES TO BE GIVEN (SCHOOL HOURS): \_\_\_\_\_

REASON FOR MEDICATION: \_\_\_\_\_ QUANTITY GIVEN TO SCHOOL: \_\_\_\_\_

DURATION OF THERAPY (CIRCLE): 2020/2021 SCHOOL YEAR    5    7    10    OR    30 DAYS FROM FORM DATE

OTHER DURATION- START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_

1. Written authorization is required to **discontinue** prescription medication.
2. Prescription inhalant medication may be carried by the student ONLY if directed in writing by the Physician and Parent. (Complete form for Asthma Inhalers at School.)
3. Medication will be dispensed during school hour only.
4. CONTROLLED SUBSTANCES MAY ONLY BE RECEIVED BY A SCHOOL NURSE OR DESIGNATED PERSONELL.

Parent Consent: I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district who have a need to know for legitimate educational purposes.

I understand that medications are to be dispensed during school hours only.

PARENT/LEGAL GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Home/Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**NOTE:** PLEASE INDICATE BELOW YOUR PREFERENCE FOR DISPOSITON OF ANY UN-USED PORTION OF YOU CHILD'S MEDICATION.

\_\_\_\_\_ Parent will pick up medication (PARENT MUST PICK UP CONTROLLED SUBSTANCE)

\_\_\_\_\_ Send medication home with student

### OFFICE USE

Date Medication Received: \_\_\_\_\_ Quantity Received: \_\_\_\_\_ Received by: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Received by: \_\_\_\_\_ From: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Received by: \_\_\_\_\_ From: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Received by: \_\_\_\_\_ From: \_\_\_\_\_

Refill Date: \_\_\_\_\_ Quantity: \_\_\_\_\_ Received by: \_\_\_\_\_ From: \_\_\_\_\_