



Request for School Staff to Administer Medication

Student Name: _____

(PRINT Student's Name)

As the parent/guardian, I request that a school staff member give medication to my child. I agree that instructions for giving **non-prescription** medicine must be given by me, in writing, in order for school staff to give medicine. Any **prescription** medication that I request be given will be provided to the school in the original container as dispensed by the pharmacy (no baggies, foil, etc.), labeled with my child's name along with the following instructions:

Please use one form for each prescription/medication

Name of Medication: _____

Time to be Given: _____ Amount/Dose to be Given: _____

Child's Medication Allergies: _____

Circle One: *Prescription* *Non-Prescription* Expiration Date: _____

If Prescription Medicine:

- a. Condition/Illness Requiring Medication: _____
- b. Physician's Name: _____
- c. Physician's Phone Number: _____
- d. Date Prescribed: _____

I further agree that no school employee shall be held liable in any way for any side-effects or medical problems resulting from the school employee's giving my child medication as directed by the doctor's order(s) or as directed by me as the child's parent/guardian. I, also, will be responsible for informing the school of any changes to the medications requested above.

Parent/Guardian Signature Date

Parent/Guardian Name: (PLEASE PRINT)

Daytime Phone No./Cell Phone No.

To be Completed Only by School Nurse/Clinic Aid:

Date Rec'd: _____ Medicine: _____ # Doses: _____