

## HEALTH RELATED SERVICES REQUEST for ASSISTIVE ADMINISTRATION of MEDICATION



If this form is properly completed and returned to the school, the Houston County School System may assist students in taking their medication during school hours.

- The medication will only be given if it is delivered in the original bottle marked with the student's name, dosage, time of administration, physician, pharmacy, and date of purchase.
- Parent/guardian must provide specific instructions, as well as the medication and related equipment.
- It is the responsibility of the parent/guardian to inform the school of any changes. New medication or new doses will *not* be given unless a new form is completed.
- All medication will be taken directly to the office by the parent.
- Unused medication will be disposed of unless picked up within one week after medication is discontinued, or at the end of the school year.
- A new medication request must be provided to the school each school year and with each new medication.

Name of Student:	Bir	thdate: Stu	Student ID#:	
	Grade:			
Allergies:				
STATEMENT OF PARENT/GUAR				
As parent/guardian (circle one) of the above named student. I understand to student whose disabling condition reseducational program and who is afformation personnel will administer the medical consent to the release of medication.	that the school system is requires the administration orded accommodations untion in accordance with t	not legally obligated to admin of medication in order to be der applicable federal law. I he policy and procedures of	nister medication except to a nefit from his/her understand that school the school system.	
Signature of Parent/Guardian	Date	Home Phone	Work Phone	
Student's Diagnosis:				
Scope: This medication <u>must</u> be gi	_			
Medication:				
Dose	Route	Time/Frequency		
Possible medication side effects				
Physician's Signature		Date:		
Physician's Name		Physician's Phone		
NPI #		_		
School Nurse Signature		Date:		

