

Name of Student _____ Date _____ Teacher _____

Parent Request for Medication Administration by School Personnel

Long-term medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form is to be brought to the school by the parent along with the medication.

Prescribed medication may be administered by a school nurse or by a non-health professional designatee of the principal or school nurse. The medication should be brought to school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school.

NOTE: The school nurse encourages short term antibiotics be given at home before and after school as well as over-the-counter medications/preparations (Tylenol, Aspirin, Benadryl, cough syrups, lotions or ointments). **All medications must be supplied by the parents in original containers and also require written consent even for intermittent use.** *Narcotic (pain relief medicine) is prohibited during school hours due to possible side effects.

Date: _____ Teacher _____

Medication _____ Dosage _____ Route _____

Time of administration _____ Original Inventory _____

Condition for which prescribed/ to be administered for _____

Special instructions/Precautions _____

I request that the above medication be administered to my child.

_____/_____
Name Relationship

Phone Number Address

Discontinued date _____ Medication Pick-up date _____ Inventory _____

_____/_____
Name Relationship

Revised 7/20/2022