

Student's Name _____ Phone _____

INSTRUCTIONS FOR ADMINISTERING MEDICATION TO PUPILS IN SCHOOL
PARENT(S) OR GUARDIAN STATEMENT

I hereby request and authorize that _____ receive medication from a school staff member as appointed by the school principal. I shall supply the school authorities with a properly labeled bottle of medication. Prescription medicine shall include the name and telephone number of the pharmacy, the name of the pupil, the name of the prescribing physician, the name of the medication and the dosage to be given. Over the counter medication (Tylenol, etc.) must be in the original container and be clearly marked with the child's name, dosage, and directions. I understand that the school is not responsible for the loss of medication due to carelessness on the part of the pupil while transporting the medication to and from school. All unclaimed medication will be destroyed within 24 hours of the last school day of attendance.

Signature of Parent/Legal Guardian

Date

PHYSICIAN'S STATEMENT

The above named pupil is under my care and is required to take medication during school hours.

Please administer the above named pupil for the following medication: _____

This medication may be administered by designated school personnel according to the following instructions:

- A. Purpose: _____
- B. Dosage: _____
- C. Frequency: _____ Times of Administration: _____
- D. Special Instructions: _____
- E. Side Effects to be alert for: _____

These instructions are valid until _____ and do not extend beyond the current school year.

Signature of Prescribing Physician

Telephone Number

Date

Signature of Administrator

Date