

## ADMINISTRATION OF MEDICATION FORM

**NOTE:** If possible, parents are advised to give medication at home and on a schedule other than during school hours. If it is necessary that a medication be given during school hours, the following regulations must be followed:

- Medication, prescription and non-prescription, must be ordered by physician/dentist and permission granted to nurse at the school to contact physician/dentist if necessary.
- Medication must be bought to school by parent/guardian in Original Container with appropriate label intact and given to nurse/principal at beginning of school day, and medication must be kept in the locked medicine area of the clinic. **If medication is not properly labeled, it will not be given.**
- Parent/guardian must sign this form granting the nurse permission to administer medication according to regulations set herein.

- **Physician's Orders for School Nurse for Prescription or Non-Prescription Medicine.**

\*\*Pupil's Name \_\_\_\_\_ Age \_\_\_\_\_  
Drug \_\_\_\_\_ Presc. # \_\_\_\_\_  
Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Time \_\_\_\_\_ Duration \_\_\_\_\_  
Diagnosis \_\_\_\_\_  
Most common side effect if any \_\_\_\_\_

\*\*Date \_\_\_\_\_ Signature of Physician \_\_\_\_\_

- Physician's written orders may be attached to this sheet in place of completion of the physician's portion of this form.

Parent Permission

Pupil's Name \_\_\_\_\_ Age \_\_\_\_\_  
Pupil's Address \_\_\_\_\_ Phone \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

I hereby give permission for my child to be given medication as prescribed and directed by our Physician.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian