

Request for School Personnel to Administer Medication

To be completed by the physician/dentist:

Student's Name _____ Date of Birth _____

Telephone _____

Allergies _____

Name of Medication _____

Dosage _____

Time to Administer _____

Physician's Name _____

Telephone _____

Reason for Medication (diagnosis) _____

Side Effects _____

Termination Date _____

I understand that school employees are not medically trained personnel and that a school nurse is not available to give individual nursing attention at all times during the school day. However, the above-named student is in need of the medication during school hours to maintain his/her health. In my opinion, his/her need for the medication is so important that, if the school nurse is not available, I advise and request that non-medical school personnel dispense this medication in accordance with the above instructions.

In the event of side effects, school officials should take the following action:

Physician Signature _____ Date _____

To be completed by a parent/legal guardian:

I understand that school employees are not medically trained personnel and that a school nurse is not available to give individual nursing attention at all times during the school day. With full knowledge of this, I hereby request and give my consent to have the medication specified above administered by the school nurse or by other non-medical personnel designated by the school principal in accordance with the instructions of the physician as stated above.

Parent Signature _____ Date _____