

**Parent to complete the following:**

Name of student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Date order effective: \_\_\_\_\_ to \_\_\_\_\_

I hereby give permission to the administrator or designee to give the medication(s) to my child according to the directions stated below and further authorize them to contact the child's physician. I agree to hold the School, its employees and agents who are acting within the scope of their duties harmless in any and all claims arising from the administration of this medication at school. I agree to notify the school in writing at the termination of this request or when any change in the order is necessary.

\_\_\_\_\_  
 Parent signature Date Phone number

**Physician to complete the following:**

*Note: This prescription will be administered by a non-medically trained individual; therefore, instructions should be stated in the language of a lay person.*

Diagnosis (brief): \_\_\_\_\_

Medication / dose / route / frequency: \_\_\_\_\_

Check one: Short term \_\_\_\_\_ Long term \_\_\_\_\_

PRN (as needed) medication:

Medication / dose / route / frequency: \_\_\_\_\_

Check one: Short term \_\_\_\_\_ Long term \_\_\_\_\_

If PRN medication, state conditions under which medication is to be given: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

State conditions/circumstances under which direct contact should be made with the parent should the student receiving this medication develop a condition or evidence of a reaction to the medication:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Physician's signature Date Phone number

Handbook 5141.5: The following are the procedures that are necessary when medication for a child needs to be sent to school:  
 1) Complete necessary form for "Medication Administration" for either prescription drugs or non-prescription drugs. Prescription drugs require a doctor's instruction and signature. Forms are available in the school office. 2) Present medication in its original packaging with the name of the student to whom the medication belongs. Medications are kept in a secure location. 3) Insure that the procedure for taking the medication is printed on the container or bottle, or otherwise included in writing, including possible side effects. 4) Instruct the student to take the medication to the school office. Except where a release has been approved, students may not possess medications. 5) It is the responsibility of the student, if appropriate, not school personnel, to get his/her medication at the designated time.