

Dear Parent or Guardian:

When your physician decides it is necessary for your child to receive medication during the school day, the approval and specific directions must be provided to the school. It is recommended that the first doses of medication be administered at home.

It is against school policy for students to transport medication to school. The parent or designated adult must bring the medication to the school in the original or a duplicate box or bottle with the current prescription label on the container. Upon request your pharmacist can provide duplicate labeled bottles for school/home use. The school nurse may be in contact with your physician with any questions pertaining to the orders.

Please take this form to your physician and have the instructions recorded regarding the administration of your child's medication.

Principal

School Nurse

I hereby give my permission for the nurse or designated school personnel to administer medication during the school day to my child.

Student's Name

Date

Parent or Guardian Name

Parent or Guardian Signature

PHYSICIAN'S INSTRUCTIONS FOR GIVING MEDICATION IN SCHOOL

Completed by Physician

Name of Student: _____ **DOB:** _____

Date of Order: _____ **Name of Medication:** _____

Dosage: _____

Time and circumstances of administration at school: _____

Can a reaction be expected? _____ If so, describe: _____

Length of time this medication is required: _____

Physician Printed Name

Physician Signature

Date

Telephone Number

THIS FORM IS TO BE RETURNED TO THE SCHOOL LISTED ABOVE