

**PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION OF
MEDICINE OR SPECIAL PROCEDURE BY
SCHOOL PERSONNEL**

Special health care procedures and medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are to be brought to the school by the parent.

Prescribed medication/treatment may be administered by a school nurse or by a non-health professional designate of the principal or school nurse. **The medication should be brought to school in the original container appropriately labeled by the pharmacy.** Parents may request that the pharmacist dispense two bottles of medications, one for home and one for school.

Name of student:	Date of Birth:
Address:	Phone number:
Condition for which treatment(s)/medication(s) is required:	
Specific medication or procedure:	
Dosage and method of administration (include time schedule):	
Precautions or unfavorable reactions:	
Disposition of student following administration or procedure, if applicable: <input type="checkbox"/> Rest <input type="checkbox"/> Home <input type="checkbox"/> Hospital <input type="checkbox"/> Doctor's office <input type="checkbox"/> Return to class	
Date of Request:	Date of Termination:

Physician's Name (printed)

Signature

Telephone Number

Date

(PARENT)

We (I), the undersigned, the parents/guardians of

Student's Name

request that the above medication or procedure be administered to our (my) child.

Name (printed)

Signature

Relationship

Telephone