

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 state regulations must be followed:

- Medication, prescription and non-prescription, must be ordered by a physician/dentist AND permission granted to school nurse to contact the physician/dentist if necessary.
- Medication **MUST** be brought to school by parent/guardian in ORIGINAL CONTAINER with appropriate label intact and given to nurse/principal at the beginning of the school day. Medication must be kept in locked medication areas in the nurse's office. **If medication is not properly labeled, it will not be administered.**
- Parent/guardian must sign this form granting the school nurse permission to administer medication according to the regulations set herein.

Physician's Order for Prescription and Non-prescription Medication

Student Name: _____ DOB: _____

Drug: _____ Dosage: _____

Frequency/Time _____ Scheduled **OR** as-needed? _____

Diagnosis/Indication _____

Physician Signature _____ Date: _____

*Physician's written orders may be attached in place of completion of this form; however parent/guardian consent still needs to be given below.

Parent/Guardian Permission to administer above mentioned medication to:

Student

Grade

Parent/Guardian Signature

Date