



### Request to Administer Medication to Student during the School Day

If it becomes necessary for a student to take medication at school during the school day, this form must be completed by the parent or guardian and kept on file with the student’s medication in the principal’s office or with the school nurse. ***This request is in effect for one (1) school year. It must be renewed annually and each time there is a change in medication.***

### Parent/Guardian Authorization

I request that the medication described below be administered to my child/ward at the times specified during the school day.

- I will give the principal or nurse the medication in the original container with the proper label.
- I will send over-the-counter medicine in the bottle with the manufacturer’s label and the student’s name.
- I will send prescription medicine in the *current* bottle with the pharmacy label that includes the student’s name and exact dose.
- I understand that only the prescribed dose will be administered. Any changes must be submitted in writing from the child’s physician.

I understand this medication will be administered to my child only by authorized staff members and will be kept secure in a locked cabinet, or refrigerated.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_  
 Student Name (Please Print) Birthdate School

Name of Medication \_\_\_\_\_

\_\_\_\_\_ Times to administer: AM \_\_\_\_\_  
 \_\_\_\_\_ PM \_\_\_\_\_  
 Day(s) medication is to be given

\_\_\_\_\_ Refrigeration:  Yes  No Amount  
 \_\_\_\_\_ of medication to be given

\_\_\_\_\_ Physician’s Name \_\_\_\_\_ Physician’s Phone

I give permission for my child to transport medication to and from school:  Yes  No

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone Number \_\_\_\_\_