

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 regulations must be followed:

- Medication, prescription and non-prescription, must be ordered by physician/dentist and permission granted to nurse at the school to contact physician/dentist if necessary.
- Medication must be bought to school by parent/guardian in Original Container with appropriate label intact and given to nurse/principal at beginning of school day, and medication must be kept in the locked medicine area of the clinic. **If medication is not properly labeled, it will not be given.**
- Parent/guardian must sign this form granting the nurse permission to administer medication according to regulations set herein.

- **Physician's Orders for School Nurse for Prescription or Non-Prescription Medicine.**

**Pupil's Name _____ Age _____
Drug _____ Presc. # _____
Dosage _____ Frequency _____ Time _____ Duration _____
Diagnosis _____
Most common side effect if any _____

**Date _____ Signature of Physician _____

- Physician's written orders may be attached to this sheet in place of completion of the physician's portion of this form.

Parent Permission

Pupil's Name _____ Age _____
Pupil's Address _____ Phone _____
School _____ Grade _____ Teacher _____

I hereby give permission for my child to be given medication as prescribed and directed by our Physician.

Date

Signature of Parent or Guardian