



FORM F

PEN #

Request for Administration Of Medication at School

*Refer to Medical Information Form*Student
Photo**STUDENT INFORMATION**☐ Wears Medic Alert ID

Student Name Birthdate: year/month/day Parent/Guardian Name

Parent/Guardian Home Phone # Parent/Guardian Business Phone #

Emergency Contact Name/Phone # Physician Name/Phone #

To be completed by prescribing Physician:

Condition(s)	Medication	Dosage mg/ml (# of tab/tsp)	Directions for Use

Additional comments (e.g. possible reactions, consequence of missing medication):**Physician's Signature:** _____ **Date:** _____**To be completed by Parent/Guardian:**

I request the school to give medication as prescribed on this form to my child whose name is recorded below:

Name of Child: _____

I will notify the school promptly of any changes in medication ordered.

Parent/Guardian Signature _____ Date Completed _____

This agreement must be reviewed when any changes occur to your child's condition.**Dates Reviewed by Parent/Guardian** _____**Each school staff member who is responsible for the administration or supervision of the medication must review the information on this form then date and sign below.**

Date	Signature	Date	Signature

Copies to: _____ Parent(s)/Guardian(s) _____ School Health Resource Binder (red binder)
_____ Nursing Support Care Plan (if necessary) _____ Student's Emergency Kit

Request for Administration Of Medication at School

Refer to Medical Information Form

Dear Parent/Guardian:

You have requested your child/youth to be given medication while at school. Medication that is essential for school staff to give during school hours will be given once the following steps have been taken. These steps are for the safety of your child.

1. All parts of the form "Request for Administration of Medication at School" (on reverse) are completed and the form has been returned to the school.
2. School staff has the information needed to safely give the medication to your child.
3. Medication is at school in the original container from the drugstore.

Please notify the school of changes to medication or the amount needed. When there are changes it may be necessary to have a new form completed for administration of medication.

If you have any questions, please call your child's school.

Principal's Signature

Date