

PLAINVIEW-ELGIN-MILLVILLE MEDICATION POLICY

REQUEST FORM FOR ADMINISTRATION OF MEDICATION/PROCEDURE

DURING THE SCHOOL DAY

To be completed for **EACH** prescription medication, nonprescription medication, or procedure.

Parents of pupils requesting that medication/procedure be administered during school hours by school staff are required to provide for the school: 1) physician's order for administration, and 2) parental request & consent for the administration of medication/procedure.

Student Name: _____ Birthdate : _____

School: _____ Grade: _____

Physician Order

For administration of medication/procedure by school personnel

The following medication/procedure is to be administered by this student during the day:

Medication/Procedure: _____

Dosage: _____ Time/Frequency: _____ Diagnosis: _____

School Year or Effective Dates: _____

For asthma inhalers in Grades 6-12 ONLY: Student may carry asthma inhaler? **YES** **NO**

Please contact me if the following symptoms occur: _____

Physician Signature: _____ Date: _____

Physician Name: _____ Address: _____ Telephone: _____

Parent Request & Consent for administration of medication/procedure by school personnel

- *I request this medication/procedure be administered as prescribed during the school day.*
- *Medication will be supplied in its original properly labeled prescription bottle.*
- *I understand that all medication must be delivered to school by the parent/guardian.*
- *I understand that no medication will be sent home with my child.*
- *This order is in effect for this school year only.*
- *I will notify the school in writing with any changes and obtain a new physician's order.*
- *I authorize school personnel to exchange information with the prescribing physician regarding this medication and the condition for which it is prescribed.*
- *I release school district personnel from any liability claims as a result of the administration of this medication as directed.*

Parent/Guardian Signature: _____ Date: _____

