

qathet School District



Request for Administration of Medication at School

To be completed if the student may require administration of medication while attending school. Sections A and C of this form should be completed by a parent or guardian. Section B must be completed by the prescribing physician.

SECTION A: STUDENT INFORMATION – TO BE COMPLETED BY A PARENT OR GUARDIAN		
Student's Name:	Date of Birth: (mm/dd/yy)	
Parent/Guardian's Name:		
Home phone #:	Work phone #:	Cell phone #:
Physician's Name:		Physician's Phone #:
SECTION B: MEDICATION INFORMATION – TO BE COMPLETED BY THE PRESCRIBING PHYSICIAN		
Conditions which make medication necessary:		
Name of medication	Dosage	Directions for use
1.		
2.		
3.		
Additional comments: (possible reactions, consequences of missing medications, etc.)		
Physician's signature:		Date signed: (mm/dd/yy)
SECTION C: REQUEST TO ADMINISTER MEDICATION – TO BE COMPLETED BY A PARENT OR GUARDIAN		
I request the school to give medication as prescribed on the first page of this form to my child whose name is recorded here:		Student's Name:
Signature of Parent/Guardian:		Date signed: (mm/dd/yy)
Section D: For school use only. Each school staff member who is responsible for the administration or supervision of medication must review the information on this form then date and sign below.		
Date (mm/dd/yy)	Signature	Comments

Please complete and return to school.

This form will be kept in a Medical binder in the school office. If the condition changes, it is the **parent/guardian's responsibility** to inform the school in writing.