



## ADMINISTERING MEDICINE TO STUDENTS

### REQUEST FOR GIVING MEDICINE AT SCHOOL

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Teacher: \_\_\_\_\_ School: \_\_\_\_\_

Medication: \_\_\_\_\_

Diagnosis/reason for giving: \_\_\_\_\_

Time to be given: \_\_\_\_\_ A.M. Time to be given: \_\_\_\_\_ P.M.

Dates from: \_\_\_\_\_ to \_\_\_\_\_

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure of medication and disciplinary action.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date

A signed physician's statement indicating the necessity must accompany any request for self-administration of medicine, whether it is prescription or over-the-counter medication.