

SCHOOLS STUDENT MEDICATION REQUEST FORM

This form must be <u>completed in full and returned with a physician's signature</u> to current school office before administration of medication can take place within the school. <u>OTC medications also require a physician's signature</u>.

Student Name & DOB:	School & Grade:
Parent/Guardian:	Phone:
Parent/Guardian:	Phone:
Name of Prescription or OTC Medication:	
Form of Medication (circle one): Tablet/Capsule	Liquid Inhaler Medi-pen Other:
Time to be administered:	
Is this medication for episodic or emergency events only? (circle one): Yes No	
Is the student able to self-carry this medication? (circle	one): Yes No
Possible side effects from medication:	
Health Care Provider Signature:	Phone:
Printed Name:	
Preferred Hospital:	Fax:
Emergency Contact:	Phone:

I give permission for school personnel to share this information, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and equipment devices. I understand and agree that when school personnel administer medication to my child as indicated above, I will not hold the personnel and school district liable in any criminal action or for civil damages. Reference: Act #157, Public Acts of 1971, effective 11/24/1971, Section 378.

All medications must be collected by a parent or guardian within one week of the last day of classes for students. Any medications left after that time will be properly disposed of.

Parent Signature

Date

School Office Use Only	Administration Office Use Only
Date Received:	Date Received from Building:
Location of Medication:	Date Recorded:
Reminder:	Reminder:
Scan/Email to School Nurse & Administration Office	Set Alert in PowerSchool, Upload to CEO

Updated on 4/9/2018