

# Medication Request

Only those medications that are medically necessary during school hours for a student's attendance should be sent to school. School personnel are not responsible for any ill effects which might occur from this medication.

Persons who may assist your child with medications include the Health Care Aide and trained campus staff. Parent/guardian must give a written request. **The medication must be in the original container and properly labeled with student's first and last name. This is a state requirement.**

**NOTE: THE VERY FIRST DOSE OF THIS MEDICATION FOR CURRENT CONDITION/ILLNESS MAY NOT BE GIVEN AT SCHOOL.**

NAME OF STUDENT: \_\_\_\_\_ DOB: \_\_\_\_\_

TEACHER: \_\_\_\_\_ GRADE: \_\_\_\_\_

DOSAGE: (amount) \_\_\_\_\_

TIME TO BE GIVEN AT SCHOOL: \_\_\_\_\_

REASON OR HEALTH PROBLEM: \_\_\_\_\_

MEDICATION TO BE GIVEN FROM: \_\_\_\_\_

HOW IT IS TAKEN: \_\_\_\_\_

(Example: by mouth, by inhaler, with food or after meals)

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

\_\_\_\_\_  
(Daytime Phone Number)

\_\_\_\_\_  
(Physician's Name)

\_\_\_\_\_  
(Physician's Phone)

Reviewed by Health Care Aide: \_\_\_\_\_ Staff \_\_\_\_\_ may/ \_\_\_\_\_ may not administer \_\_\_\_\_.

Health Care Aide (Print Name)

Health Care Aide Signature