



ADMINISTERING MEDICINES TO STUDENTS

Authorization for Dispensing Medication

Note: Whenever possible, medication should be given at home and every effort should be made to avoid school hours.

To be completed by Parent or Guardian:

I request that my child _____ grade _____ receive the medication as prescribed by our physician in the form below. The medication is to be furnished by me as required by Board policy. I understand that the school is rendering a service and does not assume any responsibility for this matter. I further understand that the school nurse or other designated person will administer the medication.

I request that my child receive the following medication:

Name of pupil _____ Diagnosis _____

Name of medication _____

Prescribed dosage and administration _____

Time to be taken during school hours _____

Expected duration of treatment _____

Possible side effects and adverse reactions _____

Other recommendations _____

Signature _____ Phone No. _____ Date _____