Prescription Medication:
1. Brought to school in original container from pharmacist. *
2. Written request by the parent giving permission for such administration.
3. Written order from prescribing licensed physician, certified registered nurse practitioner, or physician assistant.

Over the Counter Medication:
1. Brought to school in original container labeled with student's name
2. Written request by the parent giving permission for such administration including complete instructions for administration.
3. Written order from prescribing licensed physician, certified registered nurse practitioner, or physician assistant if medication is required for more than 1 week.

All medications must be delivered to/from school by the parent/guardian or an adult designated by the parent.

NO more than a 30 day supply will be accepted (per Department of Health Medication Guidelines)

* 2 bottles should be requested from pharmacy – one for home and one for school.

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REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Date __________________________

Student’s Name ___________________________ School ___________________________

Grade/Homeroom ___________ Homeroom Teacher ___________________________

Date of Birth ________________ Sex ___________________________

Name of Medication* ___________________________ Dosage ___________________________

Procedure ___________________________

Reason for Medication ___________________________

Duration of Treatment ___________________________

If you have questions, please contact: ___________________________

_________________________________________  ___________________________

Parent Signature  Physician Signature

* ALL medications MUST BE brought to school in original container.