REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

A. TO BE COMPLETED BY PARENT OR GUARDIAN

STUDENT NAME	**BIRTH DATE** (year/month/day)	**CARE CARD # (PHN)**
PARENT OR GUARDIAN NAME Please print	**HOME PHONE**	**BUSINESS PHONE**

NOTE TO PHARMACISTS: Please apply Pharmacy label for prescriptions from doctors only. No non-prescription medications are accepted.

ORIGINAL

PHARMACY LABEL

ONLY

B. TO BE COMPLETED BY PARENT OR GUARDIAN

I request the school to give medications as prescribed on this form to my child whose name is: _____

I will notify the school promptly of any changes in medications ordered: _____
Signature of Parent or Guardian

☐ Short Term Medication: This medication should be given at _____ (time).

C. TO BE COMPLETED BY SCHOOL PRINCIPAL

The information on this form has been reviewed with appropriate staff.

PRINCIPAL'S SIGNATURE: _____ Date: _____

Documentation of Administration of Medication by School Staff

(For Short-term or long-term prescribed medications given on a daily basis)

Month & Year

Name of Medication	Time medication to be given	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

STAFF ADMINISTERING MEDICATIONS

Print Name	Signature	Initials

Legend:	
ABS	Absent
M	Missed (forgotten)
R	Refused
X	School not in session (Pro D day or holiday)

Directions for use:

1. For staff designated to administer and/or supervise the administration of medication to a student: Print name, Sign your signature and initials in the provided space on this form.
2. When medication is administered as directed by pharmacy label – write your initials for that day on the calendar.
3. Use the Legend symbols on the calendar to designate the student was absent (ABS). the medication was missed or forgotten (M), the student refused to take the medication (R), or the school was not in session that day (X).
4. This form is to be stored with the medication and copied on the back side of the "Request for Administration of Medication at School" Form.
5. Once medication administration is complete, send this form and empty medication container home to parents.