

Medication Administration Form For School

The parent/guardian of _____ asks that school staff give the following medication _____ during school hours according to the Health Care Provider's signed instructions on this form.

The school agrees to administer medication prescribed by a licensed health care provider. It is the parent's responsibility to furnish the medication on a regular basis. The parent agrees to pick up the expired or unused medication within one week of notification by school staff.

Prescription medications must come in a pharmacy-labeled container.

By signing this document, I give permission for my child's health care provider to share information about the administration of this medication with the nurse or school staff delegated to administer medication.

Parent/ Guardian name Parent/ Guardian signature Date

Day phone # Home phone #

Health Care Provider Authorization to Administer Medication in School

Child's Name: _____ Birthdate: _____

Medication (name, dosage, route): _____

To be given at the following time(s) during school: _____

Purpose of this medication: _____

Side effects to be reported: _____

Additional special instructions: _____

Starting Date: _____ Ending Date: _____

Signature of Health Care Provider with Prescriptive Authority **License Number**

Phone Number **Date**

Please ask the pharmacist for a separate medicine bottle to keep at school.
Thank you!