

ADMINISTRATION OF MEDICATIONS

Child's Name: _____ Homeroom: _____

Address: _____

Allergies: Food _____ Medicine: _____

Name of Medication: _____

Purpose of Medication: _____

Physicians requirement for dosage and method of administration:

What to do in case of side effects: _____

Termination date for administering medication: _____

Date

Physician Signature

Date

Parent Signature****

Date
Approved by:

Student Signature

School Name

Date

***Parental signature permits medication administration as well as contact with the prescribing physician if there are medication questions.

Administration of Medication

Medications should be given at home whenever possible. Once a day medications should be given at home, before school. If medication must be taken with food, milk or toast can be given with it at home. If medication is twice a day, both doses should be given at home, before and after school, unless specified differently on prescription.

If your child must take medication at school, before any prescribed medications can be given, an *Administration of Medication Form* must be filled out completely by the prescribing physician and signed by both physician and parent/guardian. If medication changes (dose/strength, time), a new *Administration of Medication Form* must be filled out and signed by physician and parent/guardian.

If more than one medication is to be given, an *Administration of Medication Form* must be filled out and signed for each medication.

If your child needs to take any over the counter medication, a note from parent stating name of child, name of medication and the amount and time to be given must be signed by parent/guardian.

All medications, whether prescription or over the counter, must be in its original container with name of medication and directions and child's name if prescription.

Medication cannot be brought to school by a student unless authorized for self-administration.

****ALL MEDICATIONS MUST BE PICKED UP BY THE LAST DAY OF EACH SCHOOL YEAR BY PARENT/GUARDIAN OR MEDICATION WILL BE DISPOSED OF.**