

ADMINISTERING MEDICINE TO STUDENTS**(Request for Giving Medicine at School)**

Name _____ Grade _____

Teacher _____ School _____

Medication _____

Diagnosis/reason for giving _____

Time to be given _____ a.m. Time to be given _____ p.m

Dates from _____ to _____

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure and disciplinary action.

Parent's or Guardian's Signature_____
Date

A signed physician's statement indicating the necessity must accompany any request for self-administration of medicine, whether it is prescription or over-the-counter medicine.