



# Request for Medication Administration PRESCRIPTION

(To be completed by parent or legal guardian)

### Student Information (please fill out one form per student):

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Grade \_\_\_\_\_ Teacher \_\_\_\_\_ Rm # \_\_\_\_\_

### Emergency contact information:

Parent/Legal Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

### Medication Information (please fill out one form per medication):

Medication Name \_\_\_\_\_ Prescription # \_\_\_\_\_  
Dosage Instructions as indicated on the pharmacy label \_\_\_\_\_  
\_\_\_\_\_  
Dosing Supplies \_\_\_\_\_  
Begin Medication Administration \_\_\_\_\_ Terminate Medication Administration \_\_\_\_\_  
Medication Expiration \_\_\_\_\_  
Administering Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Physician Address \_\_\_\_\_

I request that the school administer the above medication to my child in accordance with the physician's instructions as indicated on the pharmacy label. I agree to notify the school in writing of any changes in my child's condition with respect to the administration of medication or with any changes to the information provided on this original form. I understand that it is my responsibility to send an appropriate supply of medication and necessary supplies to school in their **original containers. Medication provided to the school in any container other than the original will not be accepted.** I understand that those employees administering medication are non-medical personnel and that this agreement exempts and relieves all FBCS employees and its officers from liability.

X \_\_\_\_\_  
Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

### For Office Use Only:

Medication Stored:  In Office  In Classroom # \_\_\_\_\_ Lockbox # \_\_\_\_\_  
Expired Medication Notification:  1<sup>st</sup> Notification Date: \_\_\_\_\_ Initials: \_\_\_\_\_  Phone  Email  In Person  
Medication disposed by FBCS on Date: \_\_\_\_\_ Medication picked up by \_\_\_\_\_ Date: \_\_\_\_\_