

**REQUEST FOR MEDICATION to be ADMINISTERED by SCHOOL NURSE**

Student: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Room: \_\_\_\_\_

PARENTAL REQUEST

I, the parent/guardian of \_\_\_\_\_, request that the medication prescribed by my child's physician be administered to my child by the school nurse at the prescribed time.

I agree to bring a weekly supply of the medication to the school nurse. The medication will be brought to school in its original container appropriately labeled by my pharmacy.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone #

.....  
**PHYSICIAN'S STATEMENT**

In order to protect the health of \_\_\_\_\_

it is necessary for him/her to have the following medication during school hours.

**MEDICATION:**

**DOSAGE:**

**TIME to be administered:**

**Purpose of medication:**

**List any possible side effects which might be expected:**

**DIAGNOSIS:**

I authorize the school nurse to administer the above medication.

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Address