



Parent's Request and Physician's Information for Administration of Medication In the School

Student's Name:	School:	
Parents'/Guardian's/Caretaker's name:	Grade:	Date of Birth:
Home Telephone:	Work Telephone:	

To be completed by parent, guardian or caretaker:

I give permission for my child (named above) to receive the medication listed below at school or on school field trips. This medication has been has not been prescribed by a licensed health care provider.

I understand that WS/FC School System discourages the administration of medications at school unless it is necessary for the health of the student. This request is being made in view of the health needs of my child and the recommendation of my child's health care provider to administer this medication at school.

I agree to place and send the medication to school in an appropriately labeled container which has written on it: my child's name, the name of the medication, the unit of dosage to be given, the number of dosage units, the time the medication is to be given, and how it is to be administered. (It is recommended that the parent ask the pharmacist to provide two properly labeled containers - one for home and one for school.)

I also agree that the WS/FCS and its employees and agents are not liable for an injury arising from the administration of the medication in accordance with the health care provider's prescription or instructions.

Over the Counter Medication:	Dosage:	Time of Administration:
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Signature of Parent, Guardian or Caretaker:	Date:
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If drug is a prescription medication, a health care provider must complete information requested and sign the form below.

1. Medication:	Dosage:	Time of Admin.:
Relationship to meals:	Color:	Length of Admin.:
2. Medication:	Dosage:	Time of Admin.:
Relationship to meals:	Color:	Length of Admin.:

Significant Information about each medication (Include side effects, toxic reactions, omission reactions):

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Contraindications for Administration of each Medication:

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If an emergency occurs or if the student becomes ill during the school day, school officials are to (as checked):

- Contact me at my office.
- If school officials are unable to contact me, contact the parents, guardian or caretaker.
- If it is a life threatening situation, call 911.

Other instructions:

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Signature of Physician:	Telephone:	Date:
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