

Request to Administer Medication Form

This form must be completed by parent/guardian and kept in the office. All medication must be brought to the school by parent/guardian.

Student: _____
Last First M.I.

School: _____ Grade: _____ D.O.B.: _____

Medication Information Allergies (if any): _____

Name of Medication: _____

Dosage: _____ Frequency: _____

Time given: _____ Duration: _____

Prescription: _____ Non-prescription: _____

Instructions: _____

Self-administer and/or self-possess (Only if permitted by school policy)

NOTE: By checking the above box, I represent that the student is capable and responsible to self-possess and/or self-administer this medication.

Physician Information

Attending Physician: _____ Phone: _____

Address: _____ City/Zip: _____

PHYSICIAN SIGNATURE: _____ **DATE**

Additional Instructions: _____

I hereby request that my child receive his/her medication at school. I understand that the medication will be administered in accordance with the above instructions. I have read and agree to the **Conditions of Approval** as stated in this Elementary Parent/Student Handbook.

Parent/Guardian Signature (Student signature if 18 years of age or older) Date: _____

Principal Signature Date: _____

CONDITIONS OF APPROVAL

- Parents have the overall responsibility to ensure that student medication is properly delivered and administered. Parents/Guardians are expected to:
 1. Complete, verify accuracy and return to the office the ***Request to Administer Medication*** form before any medication is brought to school and at least annually.
 2. Ensure adequate medication is available and current. This includes monitoring expiration dates; obtaining medication renewals and refills; and splitting any pills so the prescribed dosage is available for administration.
 3. Inform the office in writing of any change in the student's health affecting the administration of medication, and/or any changes in medication or the administration thereof, including the termination or discontinuance of the medication.
 4. Provide the District in writing with all relevant physician and/or administration instructions.
 5. Monitor that the student complies with appropriate administration requirements, including the manner and time for dispensation of the medication.
 6. Unless authorization for self-possession/self-administration or other arrangements have been pre-approved by the Principal, deliver student medication to the office and pick up any expired medication or medication unused at the end of the school year, (The student may personally deliver the medication only if over 18 years of age or older; provides advance notification to the office that the student will be bringing medication to school; and delivers the medication to the office immediately upon arrival to school with the medication)
 7. Assist in the development of a self-possession/self-administration plan with the principal, as appropriate.

Special conditions for self-possession/self-administration;

1. The student is responsible for the physical possession of the medication. Except during proper administration, the medication must be maintained in a container appropriately prepared and labeled by the prescribing physician, pharmacy or pharmaceutical company from which the medication was procured.
2. The school does not monitor or maintain administration records for the self-possession/self-administration of medication. The parent/guardian/student is expected to follow and monitor appropriate administration requirements.
3. The school principal may revoke approval to self-possess/self-administer medication at any time, upon providing notification to the student's parent/guardian or to the student if 18 years of age or older.

Disciplinary Action:

Possessing or taking medication in school without approval; sharing medication with or distributing medication to another student; or failure to follow these rules and procedures will result in disciplinary action, up to and including expulsion from school.

Parent/Guardian Initials: _____ Student Initials: _____

Date: _____

* Students who are 18 years of age or older or an emancipated minor have the responsibility of the parent/guardian under these *Conditions of Approval*.