SCHOOL MEDICATION/PROCEDURE FORM

STUDENT INFORMATION: (to be filled out by Parent/Guardian)

			PHOTO ID
Student's Name	Birthdate	School	(Optional)
Medication/Procedure	Dosage	Time/Frequency	
School Year or Effective Dates	Student's Physician		
Reason for Medication/Procedure			

*Note: For prescription medication: Signed **Parent Consent** and signed **Physician's Order** required.*
*For non-prescription medication: Signed **Parent Consent** required.*

PARENT CONSENT: Complete for *EACH MEDICATION/PROCEDURE* at school (Please review your school's handbook for specific information regarding the medication policy.).

- I request that this medication/procedure be administered at school.
- Medication will be supplied in its original, updated, properly-labeled container.
- This order is in effect for this school year unless otherwise indicated.
- I will notify the school in writing for any changes and obtain a new physician's order.
- I authorize school personnel to exchange information verbally or in writing with my child's physician regarding this medication or the condition for which it is prescribed.
- I release the school district and school personnel from any liability claims as a result of the administration of this medication or procedure as directed.

Date	Parent/Guardian Signature	Telephone Number

PHYSICIAN ORDER: Complete for *EACH PRESCRIPTION MEDICATION/PROCEDURE* at school. The above medication procedure is to be administered during the school day in accordance with the above instructions.

Please contact me if the following symptoms occur: ______________________________________

____

Additional information: ____

For Asthma inhalers ONLY - Student may carry inhaler in school YES NO

Date	Physician's Signature	Telephone Number

MEDICATION RECORD

Student’s Name: ______________________________________ Date of Birth: ________ Grade: _______

Medication/Dosage/Time: ____

Start Date: __________________________________ Stop Date: ________________________________

Date	Time	Initials	Observations	Date	Time	Initials	Observations

To be placed in student’s file when medication is discontinued.