REQUEST TO ADMINISTER MEDICATION TO STUDENT DURING THE SCHOOL DAY

If it becomes necessary for a student to take medication or receive treatment during the school day, the parent or guardian must complete this request form and turn it in to Shalom's Health Care Clinic. If the medication or treatment is physician prescribed, the parent or guardian must submit a written prescription from the child's physician or the pharmacy label with the request. This request is in effect until a termination or change in medication is submitted. All requests are terminated at the end of the school year.

PARENT OR GUARDIAN'S AUTHORIZATION

I request that the medication described below be administered to my child/ward at the times specified during the school day. I will give the healthcare staff the medication in it's original labeled container. Prescribed medication will be labeled with the student's name and the exact dosage.

I understand this medication will be administered to my child only by authorized staff members and will be kept secure in a cabinet or refrigerator.

_____ _____ _____

Student's Name Date of Birth

_____ Prescription _____Over the Counter_____

Name of medication

_____

Prescription/Medication instructions (how much and how often)

_____

Purpose of Medication

_____ _____

Prescriber Name Prescriber Telephone Number

_____ _____

Pharmacy Name and Number Prescription number on bottle if applicable

I give permission for my child to transport medication to and from school: Yes _____ No_____

_____ _____

Signature and Date Printed Name

_____

Contact Phone Number