

Administration of Medication Form Black River Public School

Medication (both prescription and over-the-counter) may be administered at school or on school trips by school personnel when necessary for school/trip attendance. This completed form along with the medication and/or equipment items are to be brought to the school/trip leader by the parent/guardian.

The medication must be in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school.

Administration of Medication Forms are valid through the current school year and must be re-submitted annually. Forms should be filled out completely. Medication is defined as any prescription or over-the-counter medication. This includes, but is not limited to, vitamins and food supplements, eye/ear/nose drops, inhalants, medicated ointments, aspirins, or antacids.

Student Name _____ DOB _____ School Year _____

Parent/Guardian Name _____ Phone Number _____

Physician Name _____ Phone Number _____

Physician Address _____

I, _____, _____ of _____,
(Parent/Guardian Name) (Relationship) (Student's Name)

do hereby request that the building administrator and or his/her designee administer the prescribed medication listed below or the procedure listed below as directed.

Parent/Guardian Signature _____ Date _____

Student Signature (if over 18) _____ Date _____

Reason/Condition for Medication _____

Name of Medication _____

Form of Medication (circle one): tablet/capsule liquid inhaler injection nebulizer other _____

Dosage _____ Time _____

Restriction and/or side effects (circle one): none anticipated yes

Please describe _____

Storage requirements (circle one): none refrigerate other _____

Physician's Signature for School administration of medication _____

Physician's Signature authorizing student's self-administration of medication as needed _____

(Physician signature is required for both prescription and over-the-counter medications)