

## 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. If medications are over-the-counter, only the physician signature may be left blank.

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, cough drops, 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 \_\_\_\_\_

Student may transport her/his medication to and from school as needed: yes no

Physician Signature \_\_\_\_\_

(Physician signature is not required for over-the-counter medications)