

ADMINISTRATION OF MEDICATION AT SCHOOL

School policy requires consent of parent/legal guardian and order of the physician before medication can be given to a student by school personnel. The following information is necessary in order to comply with this policy. ALL ITEMS MUST BE COMPLETED IN FULL.

STUDENT _____ D.O.B. _____ GRADE _____
ADDRESS _____ TELEPHONE _____
WEIGHT _____

TO BE COMPLETED BY THE PHYSICIAN

The above mentioned student is under my care and should receive

Name of Drug _____
at the following times (dosage and routine) _____

Specific instructions for administration:

Effective Date _____

Possible Side Effects _____

Expiration date of this request _____

Physician's Name

Physician's Signature

Physician's Phone Number

Date

THE MEDICINE MUST BE IN CLEARLY MARKED CONTAINER FROM THE PHARMACIST. THE LABEL MUST SHOW THE STUDENT'S NAME, THE DOSAGE DIRECTIONS, THE DOCTOR'S NAME, AND THE RX NUMBER (IF THERE IS ONE).

TO BE COMPLETED BY THE PARENT/GUARDIAN

I give my permission for the Head of School or his/her designee to administer the medication prescribed above and further agree to the following:

1. Submit to school personnel a revised statement signed by the physician who prescribed the above medication when any change in the original physician's statement occurs.
2. Submit to school personnel a written statement when medication given on a daily basis has been discontinued.
3. Understand that it is the student's primary responsibility, not school personnel, to remember to take the medication.
4. Release The Schilling School for Gifted Children, Inc. and designated personnel from any liability concerning the administration or non-administration of the prescribed medication to the student.

Parent/Guardian Signature

Date

PERMISSION NO LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR

PLEASE RETURN COMPLETED FORM TO THE SCHOOL OFFICE.