

PHYSICIAN / PARENT REQUEST FOR ADMINISTRATION
OF MEDICINE, (PRESCRIPTION OR OVER THE COUNTER),
BY SCHOOL NURSE

Medications may be administered at school by the school nurse when needed for school attendance. This completed form along with the medication and / or special equipment are to be brought to the school by the parent.

Prescribed medication / treatment, as well as over the counter medication may be administered by school nurse. The medication should be brought to school 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. Both prescription medication and over the counter medication must be ordered by your physician.

1. Name of Pupil _____ Birth Date _____ Grade _____

2. Address _____ School _____

3. Condition for which prescribed treatment is required _____

4. Specific medication or procedure _____

5. Dosage and method of administration / instruction including time schedule:

6. Precautions / unfavorable reactions _____

7. Date of Request _____ Date of Termination _____

8. _____ / _____

Physician's name (printed)

Signature

9. _____ / _____

Physician's address

Telephone number

(PARENT)

I / We release the nurse, school physician and the Bogota Board of Education of all responsibility should any untoward reaction occur as a result of my child being administered or self-administering the above medication. I also authorize the Bogota Public Schools to obtain relevant information from the above physician as it relates to the prescribed medication.

Name _____ Home Telephone _____

Relationship _____ Work Telephone _____

Note: Prescribed asthma inhaler may be kept by the student and self-administered if the physician indicates this need in writing and considers the student sufficiently responsible.