

MEDICATION REQUEST FORM

Student's Name: _____

Grade and Homeroom: _____

School nurses are **not** able to medicate students without a written order from a physician or your permission. This includes both prescription and over the counter medications. Even if your child does not take a routine medication, this form will allow the health office to medicate students with as needed medications, example: Tylenol for headache. We ask that you provide the following:

1. A written note from you, the parent or guardian. (Part I below).
2. A written order from your health care provided including the information shown on this form (Part II below).
3. A new health care provider's order for any new medication, change in medication dosage, time of medication administration.
4. A new medication order at the beginning of each school year.
5. The medication is brought to school by an adult in the prescription bottle or original packaging if it is an over the counter medication.

Students are not allowed to carry medications on their person or take medication without written directives from the student's health care provider and parent/guardian. When students are required to take any medication in school, it must be administered under supervision.

Part I: TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN

I hereby give permission for the medications to be administered to my child as stated below:

Student Name and Birth Date: _____

Parent Signature and Contact Number: _____

Date: _____

Part II: TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER

Student Name and Birth Date: _____

Medication Name and Reason: _____

Dosage, Frequency, and Route of Medication: _____

Possible Side Effects: _____

Health Care Provider's Signature: _____

Date: _____ Contact Number: _____

Please contact the nurses' office with questions. 518-853-3332 ext. 5010 Fax 518-853-4426

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