

MEDICATION REQUEST FORM

Grade:

School nurses are not able to medicate students without a written order from a provider and/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

1. A written note from you, the parent or guardian. (Part I below).

Student's Name:

ask that you provide the following:

- 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	of the nurses.
Part I: TO B	E COMPLETED AND SIGNED BY PARENT OR GUARDIAN
I hereby give permission for medic	cations to be administered to my child as stated below:
Student Name and Birth Date:	
Parent/Guardian Signature and Co	ntact 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 I	Medication:
Possible Side Effects:	
Healthcare Provider's Signature:	
Date:	Contact Number:
Dlagge contact the numer's office	with questions: 519 952 2222 out 5010 Ear 519 952 4426

Please contact the nurse's office with questions: 518-853-3332 ext. 5010 Jolyn Giardino-Bloom, RN **Brittney Mancini, LPN** igiardinobloom@ffcsd.org

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