

School Fax Number \_\_\_\_\_

HEALTH SERVICE REQUEST FOR ADMINISTRATION OF MEDICATIONS  
DURING THE SCHOOL DAY

Parents/guardians of students requesting medications to be administered by Health Service personnel during school hours are required to provide (1) the physician's order, (2) a parental release, and (3) the medicine supplied in the original bottle. (Ask the pharmacist to divide the medicine into two bottles with complete labels, one for school and one for home.)

Student's name \_\_\_\_\_ School \_\_\_\_\_ Date of Birth \_\_\_\_\_

Medication to be given \_\_\_\_\_

Dosage \_\_\_\_\_ Route of administration \_\_\_\_\_

Time of administration \_\_\_\_\_ Dates to be given \_\_\_\_\_

*(Unless otherwise noted, this medication is to be given for the current school year.)*

Reason for administration (diagnosis and ICD10) \_\_\_\_\_

Comments \_\_\_\_\_

Medical Provider signature \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Fax \_\_\_\_\_

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PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION

I request that \_\_\_\_\_ be given \_\_\_\_\_ as  
(name of student) (name of medicine)  
prescribed by the physician. I also give the Licensed School Nurse and/or Registered Nurse permission  
to communicate with Dr. \_\_\_\_\_ regarding this medication.

Unless otherwise noted, I want the regular dose of this medicine to be administered on scheduled field trips.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_