

REQUEST FOR ADMINISTRATION OF MEDICATION IN SCHOOL

- ALL MEDICATION SHOULD BE ADMINISTERED AT HOME WHENEVER POSSIBLE
- Medications must be in its original container to be administered.
- Extra-labeled containers may be requested from you physicians.

Student's Name: _____

Prescribing Doctor's Name (if prescription medication)

Name of Medication: _____

Purpose: _____

I am aware that the Calais schools do not have a school nurse available at all times during the school day. However, the above-named student is in need of the above-named medication during regular school hours to maintain his/her physical health. In my opinion, his/her need for the medicine is so important that if the school nurse is not present in the school building. I advise and request that non-medical school personnel administer this medication in accordance with the following instructions:

Dosage: _____

Time to be administered: _____

Duration of medication: _____

Other: _____

A student may not transport medication. The parent must transport medication to and from school. School personnel will not be held liable for administering medication as directed.

Date

Parent/Legal Guardian Signature

MEDICATION PERMISSION REQUEST FORM

The prescribing physician must sign this form if the medication is to be administered in school.

Name of Medication: _____ Purpose: _____

Dosage: _____ Other: _____

Time to be administered: _____

I agree to re-evaluate this child's need for this medication and will resubmit this form on a yearly basis.

Date

Physician's Signature