

Calais Middle/High School

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

- All medication should be administered at home whenever possible.
- Medication must be in its original container to be administered.
- Extra labeled containers may be requested from your pharmacist.

Student's Name: _____ DOB: _____

Prescriber's Name (if prescription medication): _____

Name of Medication: _____

Purpose: _____

I am aware that the Calais school does 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. Medication must be transported by the parent. School personnel will not be held liable for administering medication as directed.

Date _____ Parent/Legal Guardian's signature _____

MEDICATION PERMISSION REQUEST FROM

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

Name of Medication: _____ Purpose: _____

Dosage: _____ Time: _____ Other: _____

Signature of health care prescriber: MD/DO/FNP _____