

Date \_\_\_\_\_

Pupil \_\_\_\_\_ B.D. \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First M.I.

Attending Physician(s) \_\_\_\_\_

Physician's address \_\_\_\_\_

Physician's Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**MEDICATION(S): (Must be in original packaging)**

(1) Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time of administration \_\_\_\_\_ **Reason** for medication \_\_\_\_\_

Start \_\_\_\_\_ Stop (end of school) \_\_\_\_\_ Other \_\_\_\_\_

Comments/Possible side effects

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time of administration \_\_\_\_\_ **Reason** for medication \_\_\_\_\_

Start \_\_\_\_\_ Stop (end of school) \_\_\_\_\_ Other \_\_\_\_\_

Comments/Possible side effects

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician:** (Physician's signature **required** for **prescription** medications to be administered)

If student requires an Epi-pen, TwinJet or inhaler, plus an additional Epi-pen, TwinJet or inhaler required for bus transportation, please provide an **extra** prescription to parent so they can provide the addition pen.

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

Physician's signature for self carry/self administration of EpiPen/Inhaler \_\_\_\_\_ Date \_\_\_\_\_

**Parent/Legal Guardian:**

I hereby request that my child be administered prescribed medication at school by school personnel. I understand that the medication will be administered exactly as per directions of my above-named physician. I will notify the school of changes or discontinuance of this medication(s) by completing a new form.

Parent/Legal Guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

E-Mail \_\_\_\_\_ Cell Phone \_\_\_\_\_