

# St. Agnes School

## Request For Administration Of Medication During The School Day

Student' Name \_\_\_\_\_ Grade \_\_\_\_\_

Date Of Birth \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Dear Parent of Guardian:

Every effort should be made to administer medication at home, as it does represent a disruption in the student's school day. However, if your physician feels that medication is necessary during the school day, please submit this completed form before medication is sent to school.

A new form must be filled out for each change of medication and renewed each school year. State law does permit administration of medication during the school day only with written directions from the physician and parent. In some instances, approval by the school physician may be required.

Students are at **No Time** allowed to carry medication of any kind on their person, or to take medication without official written directives (from physician and parent) or to take medication without supervision. This includes **OVER THE COUNTER MEDICATIONS.**

\_\_\_\_\_

School Nurse

-----  
1. **TO BE COMPLETED BY PARENT OF GUARDIAN**

I request the school nurse to administer the medication as described below by my physician to my child \_\_\_\_\_. I will supply the school nurse with the medication prescribed below in the **original container, or a duplicate professionally labeled by the pharmacist for this purpose.**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

-----  
2. **TO BE COMPLETED AND SIGNED BY PHYSICIAN**

Student's Name \_\_\_\_\_ Diagnosis \_\_\_\_\_

A. Name of medication \_\_\_\_\_

B. Dosage/amount to be given \_\_\_\_\_

C. Side effects-1. To report \_\_\_\_\_

2. To expect \_\_\_\_\_

Physician Signature \_\_\_\_\_

Physician Name \_\_\_\_\_ Telephone# \_\_\_\_\_

Date \_\_\_\_\_ Address \_\_\_\_\_