



**MEDICATION  
REQUEST FORM**

\_\_\_\_\_ School Name

THE SCHOOL ASSUMES NO RESPONSIBILITY FOR NON-MEDICALLY PRESCRIBED MEDICATION OR MEDICATION ADMINISTERED BY THE PUPIL HIMSELF

No medication will be administered unless:

1. There is a Medication Request Form signed by a Physician/Nurse Practitioner/Physician Assistant yearly or when there is a medication change.
2. This form must be signed by the parent and principal/ designee of the school.
3. The medication is presented by the parent/guardian to the school nurse, principal or designee.
4. The medication is in the original unopened container.

**STATEMENT OF PHYSICIAN/NURSE PRACTITIONER/ PHYSICIAN ASSISTANT**

**TO BE COMPLETED BY Physician/Nurse Practitioner/ Physician Assistant**

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 School: \_\_\_\_\_  
 Diagnosis: \_\_\_\_\_  
 Medication/Treatment Required: \_\_\_\_\_  
 Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time/Schedule: \_\_\_\_\_  
 Side effects, precautions, special instructions or comments: \_\_\_\_\_

I have examined the above child and determine that the above medication is medically necessary during school hours.  
 Physician/Nurse Practitioner/Physician Assistant Name (Please Print): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 Physician/Nurse Practitioner/ Physician Assistant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STATEMENT OF PARENT/GUARDIAN**

**TO BE COMPLETED BY Parent/Guardian**

I am unable to personally administer the above medication to my child and no member of my family or relative is able to do so. I request and hereby authorize, the school personnel to administer the above medicine as prescribed. I consent to exchange of information between the physician/nurse practitioner/physician assistant with the school nurse regarding the medication and treatment. I agree to hold harmless the School Board, its officers, agents, and personnel in the event any portion of the medicine is not dispensed as requested. There may be additional statements requested by the specific school that may be attached to this form.

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Telephone #*

\_\_\_\_\_  
*Principal/Designee Signature*

\_\_\_\_\_  
*Date*

Received and Reviewed by School Nurse

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date*