

USD 312 Haven Public Schools

Request for Medication Administration and Special Health Care Services

(Must be updated by licensed health care provider at the beginning of each school year) One form per Medication/Treatment

Policy: USD #312 requires that all students who need medication and/or special health care services during school hours, on field trips, and after school activities be in compliance with the following:

- 1. Permission form must be filled out and signed by a licensed health care provider.
- 2. Permission form must be signed by the parent or legal guardian.
- 3. Medication must be brought to school in its ORIGINAL CONTAINER, properly labeled with the student's name and correct dosage by a registered pharmacist as prescribed by law.
- 4. Only medication or treatment that is necessary so the pupil can attend school or benefit from his or her educational program should be given during the school day.
- 5. It is recommended that the medication be administered at home at least once to avoid unexpected reaction.

Part A: Parent/Legal guardian to complete

Student Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Part B: Physician to Complete

Diagnosis/Condition \_\_\_\_\_

PHYSICIAN MEDICATION AND/OR TREATMENT ORDERS: (please specify)

Medication/Treatment	Dose	Time/Frequency	Route
_____	_____	_____	_____

Special Instructions: \_\_\_\_\_

Able to Self Carry? Yes No (please circle)

Physician signature

Physician (Printed Name)

Today's Date

Physician Phone Number \_\_\_\_\_

To be completed by Parent or Guardian: I hereby request that school personnel administer this medication to my child as prescribed by our Medical Health Care Provider. I understand that it is my responsibility to furnish the medication as noted above. School staff who administers this medication to my child shall not be liable for damages as a result of the administering of the medication in accordance to this request. I shall indemnify and hold harmless school employees against any claim for such damages.

Signature of Parent/Guardian

Date

Emergency Phone

Medication Picked up by:

Date: