

UDALL USD 463
HEALTH PROVIDER USE ONLY
Prescription Medication
Request to Administer Medication at School

By board policy, medication is administered at school only upon written request from both a parent or lawful custodian and a licensed physician, dentist, physician's assistant (PA), or advanced practice registered nurse (APRN).

Health Provider, please provide the following information:

Name of Student _____

The above-named student needs to receive the following medication during regular school hours for the diagnosis of _____.

Name of medication _____ Dosage _____

Time to be given _____ Other directions _____

Expected duration of treatment _____ Days or long term (circle one)

The student is knowledgeable about this medication and may self-administer medication (yes or no)

Date _____ Signature _____
Physician/Dentist/PA/APRN

I hereby give my permission for my student to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers medication to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such medication.

Date _____ Signature _____
Parent or Legal Custodian

NOTE: *The medication is to be brought to school in the original container appropriately labeled by the pharmacy, or physician, stating the name of the medication, the dosage, and the number of days to be administered at school. Please ask the pharmacist to prepare one for school and one for home so the student will not have to remember to take it back and forth.*