VYSEHRAD INDEPENDENT SCHOOL DISTRICT

Medication Administration Request/Solicitud de Administración de Medicamentos

When it is necessary for your child to receive medication during the school day:

- Parents/guardians must provide all medications and sign the Medication Administration Request form.
- All medication must be in the original container, clearly labeled with the student's name, the dosage, and
 directions for administration. Parents should request pharmacist provide a container to be used at
 school with the dosage amount and time required for the medication to be given at school. Over the
 counter doses must not exceed the recommended doses and directions of the bottle unless
 accompanied by a physician's order.
- The Medication Administration Request form must be completed each year and when there are any changes to the original request. A separate form must be completed for each medication.
- Only FDA approved pharmaceuticals (prescription and non-prescriptions) manufactured within the United States will be administered. Homeopathic preparations and allergy injections will not be accepted.
- A written physician's request is required for any medication administered longer than ten days.
- Sample medications from a physician must have written instructions from the physician.
- In the interest of safety for all students, medications must be transported to or from school by a parent/guardian. Medication counts will be performed on all controlled (e.g. schedule II) medications.
- At the end of the school year, all medication that has not been picked up by a parent/guardian will be destroyed.

STUDENT:		DOB:	DATE:
ALLERGIES:	TEACHER:		GRADE:
MEDICATION:		DOSE:	ROUTE:
TIME to be administered:	DATES to be adm	inistered	
CONDITION for which medication	is required:		
FAX:			
My signature below, as the staff administer the medical by me and is in its original	e student's parent/guardian, ation specified above to my container and the container aff to contact the physician fo	indicates tha child. The me is properly la	dication is furnished beled. I am also giving
PARENT/GUARDIAN			
PHONE:			ATE:

Medication Administration

Staff Name	Initials			
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Disnosition:			SUAROLAN	PARENT/C