Bismarck-Henning Community Unit School District #1 Bismarck-Henning Rossville-Alvin Cooperative High School

REQUEST FOR ADMINISTRATION OF MEDICATION

Part 1: To be completed by a Physician licensed to practice medicine in all branches, Physician Assistant or Advanced Practice Registered Nurse.

Student Nan	ne:	Birthdate:	
Name of Me	edication:		
Dosage:			_
Route of Ad	ministration:		
Frequency &	t Time of Administration:		
Diagnosis:			
Other Medic	eations Student is Receiving:		
Possible Sid	e Effects:		
Start Date:		Stop Date:	
	Licensed Prescriber (Print):		
	Signature of Licensed Prescriber:		
	Address:		
	City, State, Zip:		
	Telephone:		
	Date:		
		***************	*****
Part 2: To be	completed by the parent or legal guar	dian.	
directed by the pharmacist. I	e licensed prescriber. The medication will provide the school nurse with a v	and give permission for my child to receive the above ment will be sent to school in a container appropriately labeled written note from the licensed prescriber if the medication der if there is a change in medication and/or dosage.	ed by the
Date:		Parent/Legal Guardian:	
		Address:	_
		City, State, Zip:	_
		Telenhone:	

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ADMINISTRATION OF MEDICATION PROCEDURE

If a student must receive prescription or non-prescription medication at school, a written request completed by both the license prescriber (Physician licensed in all branches, Physician Assistant or Advanced Practice Registered Nurse) and the parent or legal guardian <u>must</u> be on file at school.

The medication will be administered by the school nurse or building administrator.

All prescription medication must be in the original container labeled by the pharmacist or licensed prescriber.

The label must include:

- * Student Name
- * Name of Medication
- * Dosage
- * Time to be Administered
- * Prescriber's Name
- * Date

Non-prescription medication must be in the original labeled container with the student's name affixed to the container.

No medication will be administered until both the licensed prescriber request and the parent/guardian request are on file with the school.

It will be the parent/legal guardian's responsibility to bring medication to the school nurse or building administrator, if the nurse is not available, throughout the entire school year.