



**Request for Medication Administration Form**

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_ Start Date \_\_\_\_\_

MEDICATION \_\_\_\_\_

DOSAGE \_\_\_\_\_ Route \_\_\_\_\_

Time during school day medication is to be given \_\_\_\_\_

Special Directions or Other information \_\_\_\_\_

Reason for RX \_\_\_\_\_ Expected Duration \_\_\_\_\_

_____ Physician Phone #	_____ Printed name of Physician	_____ Signature of Physician	_____ Date
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I hereby certify that \_\_\_\_\_ has previously had at least one dose of the above prescribed medication and did not have an adverse reaction from it. Therefore, I give permission for my child to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication in a properly labeled container. The label shall give the following information:

1. Student's name
2. Name of medication and current date
3. Dosage and direction for administration
4. Prescribing physician's name

I further understand that any school employee who administers any drugs to my student in accordance with written instructions from the physician shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.

It is the lawful custodian's responsibility to assure that the medication and dosage in the container is the same as is described by the label.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

**For Inhaler Use - Inhaler Release**

The student has been instructed in and understands the purpose and appropriate method and frequency of use of the inhaler. We request that he/she be permitted to carry the inhaler on his/her person.

We, the undersigned, absolve the school of any responsibility in safeguarding the student's inhaler.

\_\_\_\_\_  
Physician Phone #

\_\_\_\_\_  
Printed name of Physician

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

Note: It is strongly advised that each student leave an extra inhaler in the school office in the event of a misplaced inhaler.