

SOULSBYVILLE SCHOOL

REQUEST FOR ADMINISTRATION OF MEDICATION FOR _____ SCHOOL YEAR

Dear Parent Guardian:

We attempt to discourage administration of medication in school. However, if your health care provider decides it is necessary for your child to receive a medication during the school day, the approval and specific directions must be provided to the school. Please take this form to your health care provider and have the instructions recorded regarding the administration of your child's medication. Return completed form to school or fax it to 533-2922. No medication (prescription OR over-the-counter) will be given without this completed form (Ed. Code 49423). A new form must be completed if prescription or dosage changes. An additional form is required if your child needs to carry an inhaler on his/her person.

PARENT REQUEST FOR ADMINISTRATION OF MEDICATION

I hereby request that medication be given to my child at school as prescribed by my health care provider. I understand and agree that:

- (1) a non-medical staff member may give the medication,
- (2) I am required to bring the medication to school personally--pre-K through 8th,
- (3) the medication must be in the original container with the current prescription label on the container,
- (4) the parent will notify the school of any change in medication and will provide a new consent form,
- (5) the school district is held harmless from any liability in dispensing this medication.

Student's Name _____ DOB: _____ Teacher/Grade _____
Parent/Guardian Signature _____ Date _____

HEALTH CARE PROVIDER'S ORDER FOR MEDICATION AT SCHOOL

Medication: _____ Dose: _____

Reason for Medication: _____

Time and Method of Administration: _____

Possible side effects: _____

Duration of treatment _____ May self-administer: YES NO

Special Instructions/Precautions: _____

It is necessary for this medication to be taken during school hours as indicated.

Health Care Provider's Signature: _____ Date: _____

Printed Name: _____ Telephone: _____

Address: _____