

Columbus Academy
Request for Administration of Prescribed Medication

Some students are able to attend school only through the effective use of medication. If possible, all medication should be given under the supervision of parent/guardian outside of school hours. When this is not possible, school personnel may give prescribed medication when complete documentation of all information as requested from physician and parent/guardian is received and the medication is delivered to the school by the parent/guardian in the original labeled container in which it was dispensed by the physician or licensed pharmacist. The container needs to have a pharmacist's label with the following information: student name; physician name; date; pharmacy name and telephone; name of medication; prescribed dosage and frequency; and special handling and storage directions.

Student Name	School & Grade
Address	Allergies
Home Telephone	Parent/Guard. Daytime Tel.

Information from Prescribing Physician: The following medication needs to be administered **during the school hours** and is being prescribed for that time. I understand that unlicensed school personnel will be assisting the child with the self-administration of this medication.

Name & dose of the drug	
Amount to be administered	
School times or intervals for administration	
Route of administration	
If p.r.n., give specific indications.	
Adverse reactions to report to physician	
Other special instructions.	

Date to begin:	Date to end:
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Print Physician Name	Physician Signature
Telephone	

Parent or Guardian Information		
I request that the drug prescribed by the physician be administered to the student. I agree to submit in writing a revised physician's statement in the event that any of the required information should change. I give permission for the principal or school nurse to contact the physician regarding the administration of this medication in the school setting. I agree to deliver the needed medication to the school in the proper container. I agree to pick up medication within 3 days of termination of administration or end of school year, or school staff will dispose of medication.		
Parent/Guardian Name	Signature	Date