



Medication Administration Form

From time to time students unexpectedly need medication during a school day. When this need arises, the school nurse (or person designated by the director) may administer over-the-counter medications, such as those listed below, with parental consent. Although a student may have a signed consent form on file, when symptoms arise at school of which a parent may not be aware, verbal/phone verification may be obtained before administering medications.

For students needing a prescription medication during school hours, indicate this medication and dosage below. If the dosage and/or medication changes in any way, immediately send a written verification, with doctor's note, of this change to the office.

Please note that it is against school policy for students to carry any prescription or over-the-counter medication with them during the school day. This includes pain relievers and herbs. All medication must be checked into the front office and will be kept in the health specialist's office.

Please complete the form below:

Student Name: _____ Grade: _____ Date of Birth: _____

Please list student's **allergies or allergic reactions**: _____

Please list student's **medical conditions**: _____

Check each box yes or no (if left blank, will be considered no)

YES	NO	MEDICATION	DOSAGE	FREQUENCY
		Tylenol (Acetaminophen)		Every four (4) hours if necessary
		Advil/Motrin (Ibuprofen)		Every four (6) hours if necessary
		Tums or other antacids		Every four (4) hours if necessary
		Other: Benadryl (Antihistamine)		
		Other:		
		Prescription Medicine (must be in original pharmacy bottle/package) :		

I authorize the school health specialist or designee to give the medication(s) checked above to my child when needed.

Parent /Guardian Signature: _____ Date: _____