



# REQUEST FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Student Name ..... Date of Birth .....

Physician's Name .....

## PRESCRIBER/PHYSICIAN - PLEASE COMPLETE

The above-named student is under my care and should receive:

Name of Drug ..... Dose ..... Route .....

Times .....

Specific instructions for administration .....

Expiration date of this request .....

Side effects to watch for .....

.....  
Physician Signature ..... Phone ..... Date .....

## PARENT/GUARDIAN - PLEASE COMPLETE

### Parent/Guardian's permission for child to self-carry emergency medication & supplies.

- I authorize and recommend self-medication by my child for the prescribed listed medication.  
Medication .....
- I also affirm that my child has been instructed in the proper self-administration of the prescribed medication by their attending prescriber.

.....  
Parent/Guardian Signature ..... Phone ..... Date .....

### Parent/Guardian's authorization for the administration of prescribed medication by school personnel

I am requesting permission for my child to (check all the apply):

- use or receive prescribed medication
- self-administer prescribed medication(s) in my presence or that of an authorized staff member in accordance with the authorized prescription.

I will assume responsibility for the safe delivery of medication to the school.

I will notify the school immediately if there is any change in the use of the medication or the prescribed treatment.

I release and agree to hold the Lehman High School, its officials, and its employees harmless from any and all liability foreseeable or not foreseeable for damages or injury resulting directly or indirectly from this authorization.

I hereby request and give my permission to the principal or a designee (nurse, secretary, teacher, or another responsible person) to administer the above-named medication to my child by the above-named physician as prescribed.

.....  
Parent/Guardian Signature

.....  
Phone

.....  
Date

***Parents must send medication to the school in its original container.***

Note: The parent/guardian of the child must assume responsibility for informing the principal of the school and the school nurse of any change in the child's health or any change in the prescribed medication. Any change to the above prescription (dosage or administration) will require the completion of a new form.

.....  
School Official's Signature (Acknowledging Receipt)

.....  
Date