

NON-PRESCRIPTION MEDICAL FORM

ADMINISTRATION OF PRESCRIBED MEDICATION FORM

The District acknowledges that certain students may require prescribed medication during the school day in order to function as near to their potential as possible. The School Principal shall designate an individual to administer prescribed medication provided school staff assistance is required in administering medication and only if a parent or legal guardian of the student completed (and arranges for completion of) this form. A parent/guardian shall complete a new form each school year and whenever the physician changes/renews the prescription.

PART I: (to be completed by a parent or guardian)

a) I request that the medication _____ be administered
(name of medication)

To _____
(Name of student)

for a period of _____
(length of time – days, weeks, months)

b) I will deliver/send the medication as follows:

c) I shall notify the school immediately if the medication is no longer required.

(signature of parent)

(date)