INSTRUCTIONS FOR THE MEDICATION ADMINISTRATION FORM

PRESCRIPTION MEDICATIONS

1. Print form and take to your child's doctor or nurse practitioner to fill out and sign.
2. Fill out the parent section and sign.
3. Bring the form **and** medication in the original container to the school. **DO NOT SEND ON THE SCHOOL BUS WITH YOUR CHILD!** DO BRING MEDICATION IN THE ORIGINAL CONTAINER, PLEASE.
4. Pick up medication at the end of the treatment or after the school year from the office. We cannot send medications home on the bus.

OVER-THE-COUNTER MEDICATIONS

1. Print form and fill out parent section and sign.
2. Bring the form **and** the medication in the original container to the school. **DO NOT SEND ON THE SCHOOL BUS WITH YOUR CHILD!** DO BRING MEDICATION IN THE ORIGINAL CONTAINER, PLEASE.
3. Pick up medication at the end of the treatment or after the school year from the office. We cannot send medications home on the bus.

REVISED MAY 16, 2006

HILLSDALE ELEMENTARY SCHOOL

PHYSICIANS REQUEST
FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

_____ is under my care for (purpose of Medication)
Name of Student

_____, and should receive _____
Name of Drug, Dosage, Route

at the following times _____

Specific instructions for administration _____

Possible side effects to watch for _____

Expiration date of this request _____

Start Date _____ _____
Physician's Signature

End Date _____ _____
Physician's Phone Number

PARENTS REQUEST
FOR THE ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I hereby request and give my permission to the principal or his delegate (school nurse or other responsible person) to administer the following medication to my child.

Furthermore, I/We understand that it is my/our responsibility: (1) to deliver the medication to the school; (2) that prescribed medicines shall be stored in the original, labeled container; (3) to notify the school in writing of any change in medication.

Name of Child _____DOB_____

Name of Drug _____ Dosage_____Route_____

at the following time(s) _____

No employee who is authorized by the Board of Education to administer a prescribed drug and who has a copy of the most recent physician's statement, will be liable for civil damage arising from the administering or failing to administer the drug, unless the employee acted in a manner that would constitute negligence or misconduct.

Date _____ _____
Signature of Parent or Guardian