

# SCHOOL MEDICATION/PROCEDURE FORM

## STUDENT INFORMATION: (to be filled out by Parent/Guardian)

\_\_\_\_\_  
Student's Name                      Birthdate                      School

\_\_\_\_\_  
Medication/Procedure              Dosage                      Time/Frequency

\_\_\_\_\_  
School Year or Effective Dates      Student's Physician

\_\_\_\_\_  
Reason for Medication/Procedure

**PHOTO ID  
(Optional)**

**NOTE:** For prescription medication: Signed Parent Consent and signed Physician's Order required.  
For non-prescription medication: Signed Parent Consent required.

## **PARENT CONSENT:** Complete for EACH MEDICATION/PROCEDURE at school (Please review your school's handbook for specific information regarding the medication policy.)

*I request that this medication/procedure be administered at school.*

*Medication will be supplied in its original, properly labeled container.*

*This order is in effect for this school year unless otherwise indicated.*

*I will notify the school in writing for any changes and obtain a new physicians order.*

*I authorize school personnel to exchange information verbally or in writing with my child's physician regarding this medication or the condition for which it is prescribed.*

*I release the school district from any liability claims as a result of the administration of this medication or procedure as directed.*

\_\_\_\_\_  
Date                                      Parent/Guardian Signature                                      Telephone #

## **PHYSICIAN ORDER:** Complete for EACH PRESCRIPTION MEDICATION/PROCEDURE at school

The above medication procedure is to be administered during the school day in accordance with the above instructions.

Please contact me if the following symptoms occur: \_\_\_\_\_

Additional information: \_\_\_\_\_

**For Asthma inhalers ONLY - Student may carry inhaler in school      Yes      No**

\_\_\_\_\_  
Date                                      Physician's Signature                                      Telephone #