Town & Country SCHOOL

Phone (918) 296-3113
Fax (918) 298-8175

REQUEST FOR ADMINISTRATION OF MEDICATION

STUDENT'S NAME:_____ **SCHOOL YEAR** _____
Last **First**

TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN:

IF MEDICATION NEEDS TO BE ADMINISTERED DURING THE SCHOOL DAY, PLEASE SUBMIT THIS COMPLETED FORM BEFORE MEDICATION IS SENT TO SCHOOL. ALL MEDICATION WILL BE KEPT IN A LOCKED COMPARTMENT IN THE SCHOOL OFFICE. MEDICATION IS TO BE BROUGHT DIRECTLY TO THE SCHOOL OFFICE BY THE CHILD'S PARENT.

NO MEDICATION WILL BE ADMINISTERED WITHOUT DIRECTIONS FROM THE CHILD'S PHYSICIAN AND PARENT. A NEW FORM MUST BE FILLED OUT FOR ANY CHANGE IN DOSAGE OF MEDICATION AND RENEWED EACH SCHOOL YEAR.

I REQUEST THAT THE SCHOOL ADMINISTRATIVE STAFF, CLASSROOM TEACHER OR ASSISTANT ADMINISTER THE LISTED MEDICATION TO MY CHILD AS PRESCRIBED BY MY PHYSICIAN.

DATE_____ PARENT SIGNATURE_____

TO BE COMPLETED AND SIGNED BY PHYSICIAN

NAME OF MEDICATION _____

DOSAGE TO BE GIVEN _____

TIME (S) TO BE GIVEN _____

SIDE EFFECTS TO REPORT _____

DATE _____

PHYSICIAN'S SIGNATURE _____

PHYSICIAN'S NAME (PRINTED) _____

PHYSICIAN'S PHONE # _____

FAX # _____