ADMINISTERING MEDICINE TO STUDENTS
Request for Administration of Medication to Students

School: ________________________________

Student's name: _________________________ Age: _______________

Parent: ________________________________ Phone: ______________

Doctor: ________________________________ Phone: ______________

Emergency Contact: ________________________________ Phone: ______________

Emergency Contact: ________________________________ Phone: ______________

1. Name of medication: ________________________________
2. Purpose of medication: ________________________________
3. Dosage of medication: ________________________________
4. Time(s) to be administered: ________________________________
5. Method of administration: ________________________________
6. Location where medication will be administered: ______________________________
7. Person designated to administer medication: __________________________________
8. Alternate designate in absence of person indicated above:
   a. _______________________ or
   b. _______________________
9. Termination date of administering medication: ________________________________
10. Location where medication will be stored: ________________________________
11. Possible adverse reactions: ____

    ____

    ____

    ____
12. Procedures in case of adverse reactions: ____

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    ____
13. Administration of Drug Tracking Form is in Place: Yes No
14. Plan for Off School Grounds Administration is in Place Yes Not Required
15. Protocol for Administering Medication Off School Grounds:

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I request that my child, ________________________, receive medication at school and/or during an off-school grounds event according to the information noted above.

My child needs to receive this medication at school and/or during an off-school grounds event for the following reason(s):
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____
____

___________________________________ ______________________
Parent/Guardian Signature Date

______________________________________ ______________________
Principal Signature Date

Note: Medication must be brought to the school in the original, labeled container. If instructions are not specified on the container, written instructions from the prescribing doctor must accompany this application.