



# Parent Request to Administer Medication

**Parents: You only need to fill out this form if your child requires medication while at school. Please be aware that the school nurses and staff are unable to give your child any medication, including Tylenol or Ibuprofen, without consent and only if the child brings the medication in its original container, labeled with the child's name, dose, etc.**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Physician: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Dose: \_\_\_\_\_ Time(s) to be given: \_\_\_\_\_

Dates to be given: \_\_\_\_\_

Known Medication Allergies: \_\_\_\_\_

**When students take medication at school, this form must be completed and signed in advance by the student's parent or guardian. This form must be on file in the school office before any medication can be administered. All medication to be given must be furnished by the parent/guardian, including non-prescription drugs. No medication of any kind will be supplied by the school.**

**For your child's safety, the medication must:**

1. Have been administered at home at least once to avoid unexpected reactions.
2. Be in the ORIGINAL CONTAINER labeled with the child's name, date, dose and time(s) to be given. **Ask the pharmacist for two containers - one for home and one for school.**
3. Non-prescription drugs not accompanied by a physician's note will be given at the discretion of the school nurse.
4. Medication will not be transported home by children unless approved by the school nurse.
5. When possible, give long-acting medication at home. Medications requiring three doses a day should be given before school, after school, and before bed.

**If there is a change in dosage or time in administration, a new form MUST be completed and a new container must be obtained from the pharmacist.**

I hereby request that school personnel administer this medication to my child as prescribed by our Medical Health Care Provider. **I understand that it is my responsibility to furnish the medication as noted above.** School staff who administer this medication to my child shall not be liable for damages as a result of the administering of the medication in accordance with this request. I shall indemnify and hold harmless school employees against any claim for such damages. In addition, I give permission for the school nurse to contact my Medical Health Care Provider regarding medication.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

# Buhler USD 313 Documentation of Medication

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Medication Administered: \_\_\_\_\_ Dose : \_\_\_\_\_ Time(s): \_\_\_\_\_

Dates given at school: \_\_\_\_\_

**Key:      AB=Absent      N=No Medication      NS=No School**

	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
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**Directions for use of form by school personnel: List time in left part of box. Initial right part. If this is the first time you have administered this medication, please sign on the lines below.**

Signature(s) of personnel administering medication:

\_\_\_\_\_

\_\_\_\_\_