

# PORTA SCHOOL MEDICATION FORM

If a student is required to receive medication during school hours, the following written instructions must be supplied to the school. Authorization by both the physician and a parent/guardian in the form of signatures is required.

1. Student's Name \_\_\_\_\_ Grade \_\_\_\_\_
2. Name of Medication \_\_\_\_\_
3. Dosage & Route \_\_\_\_\_
4. Approximate Time to be Administered \_\_\_\_\_
5. Possible Side Effects \_\_\_\_\_
6. Termination Date \_\_\_\_\_
7. Other Medication Child is Receiving (including at home) \_\_\_\_\_

Should a change in any of the above information occur, a new medication form must be submitted.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Medication must be brought to school in the original container as dispensed by the pharmacist or physician. It is the responsibility of the student to come to the Nurse's office for the medication unless he/she is physically unable to do so.