

## MEDICATION FORM TO BE COMPLETED BY PHYSICIAN AND PARENT

Most medications can and should be taken at home. However, if you need to send any medication to school during the year, whether it is prescription or over-the-counter, it needs to be accompanied by a completed medication form, signed by both the physician and the parent, unless the medication is already listed on the allergy or asthma action plan which is signed by the physician and the parent. Medications must be brought to and picked up from school by a parent or responsible adult.

Prescription medication must be supplied in the original labeled pharmacy container. You may ask your pharmacist for a second labeled container for school. Over-the-counter medications must be in their original containers.

### PHYSICIAN TO COMPLETE:

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Room \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency/Time \_\_\_\_\_

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

Possible Side Effects: \_\_\_\_\_

Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

Physician's name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

### PARENT TO COMPLETE:

I grant the administrator and/or her designee the permission to supervise the administration of medication to be required during the school day.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_