

Burris Laboratory School

Prescription Medication Administration Form

We recognize that students may need to take prescribed/over-the-counter medications during school hours to maintain their health. Students are not permitted to carry medications at school, or at school sponsored field trips or events, except for inhalers and epi-pens. Those medications need to have proper documentation from the physician stating that the student is able to self administer. **All prescription medications must be prescribed by the physician.** Medications must be in the original bottle (not pills put into a zip-lock bag), have original pharmacy sticker on them and have signed physician medication form in the health clinic. Anytime the dose changes a new medication Form will need completed. **This form will need to be renewed at the beginning of each school year and with changes to medication. Medications need to be picked up by parents at the end of each school year or they will be properly disposed of.**

This form expires at the end of the current school year.

I request my child, _____, date of birth _____, be assisted in taking prescribed medication while at school. I will comply with the school's policies and procedures. The school nurse or trained staff may help administer medication during school hours.

Parent Name: _____

Signature: _____ Date: _____

Phone: (w) _____ (cell) _____

Physician's diagnosis and order: (To be completed and signed by physician)

Name of Medication/Strength: _____

Dosage: _____ How often/Duration: _____

Time to be given at school: _____ Dose form: _____

Diagnosis for Medication: _____

Student has been instructed by physician in the use of inhaler/Epi-pen and may carry medication on them. Date: _____

Comments: _____

Printed Physician Name: _____

Physician Signature: _____ Date: _____

Address: _____ Phone: _____