



the light of learning

Request for Administration of Medication Form

The following section must always be completed by the parent/guardian.

Check all that apply and complete all of the information.

- | | | |
|--|--|--|
| <input type="checkbox"/> Prescription Medication | <input type="checkbox"/> Non-prescription Medication | <input type="checkbox"/> Food Supplement |
| <input type="checkbox"/> Topical Product of Lotion | <input type="checkbox"/> Refrigeration Required | <input type="checkbox"/> Modified Diet |

Name of Child _____ Date of Birth _____ Weight _____

Name of Medication _____ Exact Dosage _____

To be administered at the following times: _____ For the following period of time: _____

I understand that my child must receive one dose of medication before arriving at school (unless the medication is used for emergencies).

Signature of Parent/Guardian _____ Date _____

The following section must be completed by a licensed physician, licensed dentist, advanced practice registered nurse or certified physician's assistant if:

1. The medication contains codeine or aspirin.
2. A physician's instruction is needed for a nonprescription medication (e.g. child does not meet minimum age or weight requirements as listed on the label instructions).
3. It is a sample medication without a prescription label.
4. The nonprescription medication is to be given longer than three consecutive days within a 14-day period.
5. The topical product or lotion and the physician's instructions exceed the manufacturer's instructions or use.

Name of Child _____ Name of medication _____

Dosage _____ Possible side effects to watch for are _____

Expiration Date (May not exceed twelve months from the date of this request for medications or food supplements). _____

Instructions _____

This child is under my care and should receive the above medication as written.

Signature of Practitioner _____

Date _____ Phone Number _____

This form is valid for no longer than twelve months and must be kept on file at the school for at least one year following the last administration of the medication or product. One form must be used for each medication.

