



Request for Dispensation of Medication

- The school requires you to complete and return this form before any medication can be given to your child.
- Prescription medication is to be in the original container with the pharmacy prescription label.
- Non-prescription medication is to be in the original container.
- A new form must be completed if there is a change in the medication.

Student's Name: _____ Date of Birth: ____/____/____
month day year

Address: _____

Parents/Guardians: _____

Home Telephone: _____ Business Telephone: _____ Cell Phone: _____

Medication Request

Medication prescribed: _____

Dosage instructions: _____

Possible side effects: _____

Special handling or storage requirements: _____

In case of an adverse reaction, follow-up care and transportation are as follows: _____

Other pertinent information: _____

I hereby request the administration of medication for my child as detailed above. I recognize the administration of medication will be handled by non-medically trained staff. I agree to provide any information requested by the school that is deemed necessary to support dispensation of medication. Dispensation is subject to approval.

Parent/Guardian Signature: _____ Date: _____

Authorization

Care must be taken to ensure that only those who require the information will have access.

Administrator's Signature: _____ Date: _____

NOTE: A Log of any medication given must be documented and kept on file. The Medication Information Log Form may be used.

Medication Administration Log

Retain log for a minimum of three (3) years or, if deemed necessary, up to the student turning twenty-five (25) years of age.

Student Name: _____

Medication: _____
Name *Dosage* *Time*

Route of Administration: Oral G-Tube Other: _____

If there are any changes to the administration of medication or dosage, a new log must be started.

Date	Time	Initials

Date	Time	Initials