

REQUEST TO ADMINISTER PRESCRIBED MEDICATIONS TO A STUDENT DURING SCHOOL HOURS

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

This will serve as an official request for designated school personnel to administer prescribed medication to my child during school hours as indicated below.

I understand and agree that the principal, his/her agent, has no responsibility for the content of said medication, nor for the refilling of said prescription, nor for the safeguarding of said prescription, other than precautions normally taken with respect to school property.

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

\_\_\_\_\_  
Printed Name of Parent / Guardian \_\_\_\_\_ Daytime phone number \_\_\_\_\_

**ALL MEDICATION MUST BE IN THE ORIGINAL PHARMACY DISPENSED CONTAINERS.  
LABEL MUST MATCH INSTRUCTIONS FROM DOCTOR ON THIS FORM.**

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**PHYSICIAN STATEMENT**

To the Physician:

The Liberty Union-Thurston Board of Education urges you to schedule the taking of medications by students at times outside of school hours. When that is not possible, the receiving or using of medications will be permitted, insofar as feasible, during school hours. Medication in pill form is preferable to liquids for use in school.

I verify that this medication must be taken by \_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Route \_\_\_\_\_

Diagnosis for which medication is prescribed: \_\_\_\_\_

Medication is to be taken at the following times: \_\_\_\_\_

Instructions or precautions (including possible side effects): \_\_\_\_\_

Adverse reactions that need to be reported to the physician: \_\_\_\_\_

Prescription beginning date: \_\_\_\_\_ Prescription expiration date: \_\_\_\_\_

Date form completed: \_\_\_\_\_ Physician Signature \_\_\_\_\_

Physician Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physician Address: \_\_\_\_\_

**A new form must be completed for each dosage/medication/doctor change.  
Each school year a new form must be completed for each medication.**

[Adoption date: January 10, 2000]

[Revised: April 9, 2007]

[Revised: July 14, 2008]