

**REQUEST/PERMISSION TO ADMINISTER MEDICATION IN SCHOOL
(not including medical marijuana, see separate form)**

Student's Name _____ DOB: _____

School: _____ Grade: _____

A. To be completed by Health Care Provider:

Name of medication: _____

Reason for medication: _____

Form of medication/treatment:

Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Dosage (amount): _____

This medication must be administered during school hours: Yes No

If yes, time to be administered: _____

Restrictions and/or important side effects:

None anticipated

Yes. Please describe in detail: _____

Date prescribed: _____ Date to be discontinued: _____

Any other necessary instructions or information: _____

IF APPLICABLE:

This student is both capable and responsible for self-administering this medication if allowed by Board policy.

No Yes - supervised Yes - unsupervised

This student may carry this medication if allowed by Board policy: No Yes

NOTE: THE SCHOOL NURSE MAY CONTACT YOU IF THERE ARE FURTHER QUESTIONS CONCERNING THIS MEDICATION REQUEST.

Health Care Provider's Signature: _____ Date: _____

Printed Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Note: Any changes to the information above shall require a new request/permission form.

B. To be completed by parent/guardian:

I request and give permission for Scarborough School Department nurses and other trained, unlicensed personnel to administer the above named medication to _____ in accordance with Board Policy JLCD – Administering Medications to Students.

OR:

I request and give permission for _____ to self-administer the above-named medication in accordance with Board Policy JLCD – Administering Medications to Students.

I understand and agree that if the school nurse has questions regarding the health care provider’s order, that the nurse may contact the child’s provider and obtain additional information about the medication. I consent to the provider releasing that information.

Signature: _____ Relationship: _____

Date: _____

C. To be completed by school:

Date received: _____ By whom: _____

Date reviewed: _____ Reviewed by: _____

Adopted: March 1, 2018