

ADMINISTERING MEDICINES TO STUDENTS\*  
(Drug Release Form)

PARENT'S REQUEST FOR GIVING MEDICINE AT SCHOOLS

(All blanks must be completed and the form signed by parent or guardian)

I request the nurse or other authorized personnel administer to my child, \_\_\_\_\_

Prescribed by Dr. \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(date) (date)

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given \_\_\_\_\_

Anticipated reaction to the above medication, if any \_\_\_\_\_

OR

I authorize my child to self-administer his/her medication as he/she has shown the competency to do so.  
I hereby agree to:

1. Submit this request to the principal or school nurse.
2. Personally ensure that:
  - A. The medication is received by the principal or school nurse administering it in the container in which it was dispensed by the prescribing physician or licensed pharmacist, or is in the manufacturer's container, or
  - B. The medication will be kept in the student's possession but only with prior written permission from the parent or principal.
3. Personally ensure that the container in which the medication is dispensed is marked with the medication name, dosage, interval dosage, and date after which no administration should be given.

The medicine is to be furnished by me and is to be labeled with the name of student, name of medicine, the amount to be given, time of day to be taken, and the expected duration of treatment. The physician's name must be on the label.

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

Child's Diagnosis \_\_\_\_\_

A special but not uncommon problem concerning the care of ill pupils is centered around medications to be given at school. Rarely is it necessary for any medicine to be given to a child by a school employee during the school day. The parent may take to the school office a maximum of 30 days properly labeled supply of prescribed medicine. A properly labeled, one day supply may be sent to the office with the child. By signing this, I give the school nurse or her designee permission to contact the physician for questions pertaining to the medication.

\*This form will become a part of the student's cumulative file.