Physician Request for Administration of Medication during School Hours

It is the policy of the Wissahickon School District to request that medication be given before or after school hours whenever possible. If it is essential that the student receive medication during school hours, please have your licensed physician complete the following request. Once completed by your licensed physician, please verify, sign and submit to the School Nurse.

Student name: ____________________ Grade: __________

Diagnosis: ______________________________________________________________

Reason for medication to be given in school: _____________________________

Name of medication: ___________________________________________________

*Dosage and route of medication: __________  Total dosage in 24 hours: __________

Time to be given: ______________ Date start: ________ Date end: ________

Possible side effects/special considerations: _____________________________

Treatment of side effect/actions to be taken: ___________________________

Other prescribed medications student is taking outside of school hours: ________

FOR DAILY MEDICATIONS ONLY

In the event of a field trip, the student may, per instruction from parent/guardian:

- Omit his/her medication Yes _____ No _____ Physician Initials ____
- Receive upon return to school Yes _____ No _____ Physician Initials ____

In the event the daily dose is not taken at home, per instruction from parent/guardian:

- Administer at school Yes _____ No _____ Physician Initials __

Physician Signature: ____________________________ Date: ________ Phone: ____________

Parent/Guardian Signature: ____________________________ Date: ________ Phone: ____________

I authorize the School Nurse to communicate with my child’s physician and my physician to reply, as needed, regarding this medication/treatment and/or my child’s response.

Any medications to be given during school hours must be delivered directly to the School Nurse. The medication must be brought to the school in the original pharmaceutical dispensed and properly labeled container. All controlled medications must be delivered to the School Nurse by an adult, counted, and recorded on the student’s medication log. If the medication or treatment prescribed exceeds or differs from that approved by the FDA or manufacturer’s recommendations, the physician/or parent/guardian will be required to submit written detail to the School Nurse.