PEN #

Request for Administration of Medication at School (Form 1E)

A. STUDENT INFORMATION

Student Name BD year/month/day Parent/Guardian Name

Parent/Guardian Home Phone # Parent/Guardian Business Phone #

Emergency Contact Name/Phone # Physician Name/Phone #

B. To be completed by prescribing Physician

Condition(s)	Medication	Dosage mg/ml (# of tab/tsp)	Directions for Use

Additional comments eg. possible reactions, consequence of missing medication etc.

Date: ________________________ **Physician's Signature** ____________________________________

C. To be completed by Parent or Guardian:

I request the school to give medication as prescribed on this form to my child whose name is recorded below:

Name of Child

I will notify the school promptly of any changes in medications ordered.

Signature of Parent ___________________________________**Date Completed**__________________

Each school staff member who is responsible for the administration or supervision of the medication must review the information on this form then date and sign below.

Date	Signature	Date	Signature

This form must be kept in the School Health Resource Binder (red binder) "Medical Alert Section"

Dear Parent/Guardian:

You have requested your son/daughter to be given medication while at school. Medication that is essential for school staff to give during school hours will be given once the following steps have been taken. These steps are for the safety of your child.

1. Parts A, B and C of the form “Request for Administration of Medication” (on reverse) are completed and the form has been returned to the school.

2. School staff has the information needed to safely give the medication to your child.

3. Medication is at school in the original container from the drugstore.

Please notify the school of changes to medication or the amount needed. When there are changes it may be necessary to have a new form completed for administration of medication.

If you have any questions, please call your child’s school.

______________________________ ____________________

Principal’s Signature Date