

PINGREE-BUCHANAN PUBLIC SCHOOL
Request to Administer Medication at School

Student's Name: _____ Date of Birth: _____ Allergies: _____

Parent/Guardian's Name: _____ Daytime Phone #: _____

Medication: _____ Dosage: _____ Date Started: _____

Time to be given: _____ Route of Administration: _____ Possible Side Effects: _____

Termination Date: _____ Special Instructions: _____

Health Care Provider's Name: _____ Clinic Name: _____

Clinic Phone#: _____ Clinic Fax #: _____

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- ❖ I authorize the following individuals to administer the above medication as directed:
JoAnne Perleberg, Carrie Wolsky, Terrie Neys @elementary _____ (parent's initials)
Darlene Krapp, Amber Krapp, Robert Toso, Kylee Ingebretson @hs _____ (parent's initials)
 - ❖ By signing this form, I authorize the release of my child's health information to appropriate school staff and request that this medication is administered to my child as prescribed. I authorize the prescriber and the school designee to exchange information necessary for the safe administration of this medication.
 - ❖ I release school personnel from liability in the event adverse reactions result from medication(s) and/or treatment(s)/procedure(s).
 - ❖ **Student Self-Administration:** The student has received education on any side effects or adverse interactions associated with the medication and how to prevent them: YES____ NO____
 - ❖ The student is capable of self-administering this medication in a secure manner:
 - ❖ NO____ YES—Supervised ____ YES—Unsupervised ____
 - ❖ The student may carry this medication: YES____ NO____ If carrying OTC medication, student agrees not to leave the medication unattended or unsecured and accessible to other students.

Parent/Guardian Signature: _____ Date _____

Student Signature: _____

*Health Care Provider Signature: _____ Date _____

*(Only required for prescription medication or over-the-counter medication if it is to be provided in a manner inconsistent with manufacturer's recommendation.)

No Medications (including over-the-counter meds such as Tylenol) will be given without written consent from Parent and Health Care Provider (when applicable as stated above). A supply of the properly labeled prescription from the pharmacy should be left at school. It is the parent's responsibility to supply medications for administration to the school and gather the medication supply when discontinued or at the end of the school year (whichever is first). It is the parent's responsibility to bring the medication to the school. Do not send with child; medication will not be given unless personally provided by parent/guardian. Medications that are left after the school year will be destroyed or are to be picked up by parent.

***Please return form to school office.**