



Request for Prescription and Non-Prescription Medication Administration

Student's Name _____ **School** _____

I hereby request that my child receive medication during school hours. I hereby release the FernLeaf Board of Directors and their agents and employees from all liability that may result from my child taking the prescribed medication.

Parent or Guardian's Signature Phone Number Date

Medication _____ Dosage _____

Time(s) medication is to be given: a.m. _____ p.m. _____ To be given from (date) _____ to _____

Significant Information (including side effects, toxic reactions, omission reactions): _____

Contraindications for Administration: _____

If emergency situation occurs during the school day or if the student becomes ill, school officials are to:

- a. Contact physician _____ Phone _____
- b. Take child immediately to the emergency room at _____
- c. Other option _____

This medication will be furnished by parent or guardian in a container properly labeled by a pharmacist with identifying information (e.g., name of the child, medication dispensed, dosage prescribed, and expiration date).

Check if child self-medicates* _____ (Insulin, inhalers, epipen). If checked, this child has been properly trained to self medicate by this office.

*The school will not be responsible for students who self-medicate.

Physician's signature Date

(SCHOOL USE ONLY)

Name and title of person to administer medication (1) _____

(2) _____ (3) _____ (4) _____

Approved by _____
School Director's Signature Date

Reviewed by _____
School Nurse's Signature Date

Procedures For Medication Administration at School

Responsibilities of Parent/Guardian:

1. Complete a FernLeaf Community Charter School Request for Medication Administration form at the beginning of each school year and/or when medication dosage has been changed. Provide physician signature for all prescription medication. Physician signature may be required for non-prescription medication at school nurse's discretion.
2. Provide the medication in a pharmacy labeled container, including student's name, medication name, expiration date of medication, dosage and frequency of medication, directions for administration, and physician's name. Non-prescription medications must be in the original container.
3. Provide new containers with new labels if dosage information changes.
4. Provide responsible adult to transport medication to and from school.
5. Provide responsible adult to count and document number of tablets of controlled medication (ex. Ritalin, Adderall, prescribed pain medication) with school personnel administering the medication.
6. Remove remaining medication from school premises when treatment is completed or medication is discontinued.

Responsibilities of Students:

1. Know and follow medication policy and procedures.
2. Never share medication with others.
3. Take prescribed medication as ordered by physician.