

# PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION OF MEDICINE OR SPECIAL TREATMENT BY SCHOOL PERSONNEL

**\*\*Medication must be in original container and brought to the school nurse by parent/guardian\*\***

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

Condition for which medication/procedure is prescribed \_\_\_\_\_

Prescribed medication/procedure \_\_\_\_\_

Dosage and method of administration \_\_\_\_\_

Time to administer medication/procedure at school \_\_\_\_\_

Precautions or possible unfavorable reactions to observe for \_\_\_\_\_

Date of request \_\_\_\_\_ Date of termination \_\_\_\_\_

Physician name \_\_\_\_\_

\*\*Physician signature \_\_\_\_\_

**\*\*\*Required for all treatments and procedures\*\*\***

Physician address \_\_\_\_\_ Phone number \_\_\_\_\_

We(I), the parent/guardian of \_\_\_\_\_ request the above medication/procedure be administered by the school nurse or the designee of the headmaster to our (my) child. We (I) give my permission for the school nurse to contact the above named physician to discuss the medication/procedure prescribed. We (I) also give my permission for information regarding this medication/treatment to be shared by the school nurse with school personnel on a need-to-know basis.

I understand parents are to pick-up all medications by 1:00 on the last day of school. All medications remaining after that time will be discarded.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian Name Relationship Home# Work#

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Parent/Guardian Name Relationship Home# Work#

As is The Brook Hill School policy, permission to give Tylenol/Advil and Mylanta/Pepto-Bismol at the discretion of the school nurse is given on the Emergency Medical/Medication Permission Form.

