Woodland Park Public Schools

School Medication Administration Form 2016-2017

Student Name: _____ Grade: _____ School: _____

This form must be completed fully in order for schools to administer the required medication. This form must be completed at the beginning of each school year, and each time there is a change in dosage or time of administration of a medication.

- Prescription medication must be in a container labeled by pharmacist or prescriber
- Non-prescription medication must be in the original container with the label intact
- An adult must bring the medication to school

Physician Portion: Doctor must complete and sign this section.

Please administer medication to the above named student with the following directions:

Purpose/Condition: _____ (PRN, describe symptoms) _____

Medication Name: _____ Dose: _____ Route: _____

Time/Frequency: _____PRN frequency: _____

Prescriber's Name/Title: _____

May self-medicate: _____Yes _____No

Signature: _____ Date: _____

(Use for MD stamp)

Parent Portion: Parents must sign and complete this section, as well as the self-administration option if requested.

I give permission to the school nurse to administer medication to my child during school or at a school sponsored field trip for the period from Sept. 2016 to June 2017 as prescribed/ordered by my doctor.

The medication is to be brought by the parents, given to the nurse, and labeled appropriately. Physician name on all prescriptions.

Self-Carry/Self Administration (if approved by physician and school nurse) _____Yes _____No

Parent Signature: _____ Date: _____

THIS FORM IS NOT FOR EPI PEN OR ASTHMA MEDICATIONS