Dear Parent/Guardian,

School personnel are often asked to give medicine to children during school hours. Many medicines can be taken effectively outside school hours. If your doctor feels it is necessary for medication to be administered in school, the following steps must be taken for both prescription and over-the-counter medications.

1. Submit a written order to administer medication in school from your child’s physician. The order must include:
   - The child’s name and diagnosis
   - The medication, dose, time, frequency, and duration of administration
   - The name and phone number of the physician

2. Submit your written request that medication be administered to your child in school as ordered by his/her physician.

3. Deliver your child’s medication directly to the Health Office in the original, properly labeled container.
   - Prescription Medication - Labels should display:
     - The student’s name
     - The name and phone number of the pharmacy
     - The doctor’s name
     - The name, dose, frequency, and route of administration of the medication
     - Other necessary directions
   - Over the Counter Medication - Medications must be in the original manufacturer’s container with the student’s name affixed to the container. The same applies to drug samples.

Medications should not be transported daily to and from school. Parents/guardians should ask the pharmacist for two containers, one to remain at home and one at school. Medications must not be transported to school by students on school buses. This presents a danger to all students. Students may not carry medication on their person during the school day.

If you have any questions regarding the administration of medication in school, please contact the School Nurse/Teacher. Please utilize the back of this form for the mandatory physician’s order and parent’s/guardian’s written permission.

Principal

School Nurse/Teacher

Telephone Number
PHYSICIAN’S MEDICATION ORDER

_______________________________________ has been under my care for
Student’s Name

____________________________. S/he may attend school, but must take
Condition or Diagnosis

_______________________________________. This medication cannot be taken
Medication

effectively outside school hours. Please administer the medication in school as follows:

Dose: _________      Route: _________      Frequency: _________      Duration: _________

Special Instructions: __________________________________________________________
___________________________________________________________________________

________________________________   ______________________________
Doctor’s Name (Print)      Doctor’s Signature

________________________________   ______________________________
Date         Telephone Number

PARENT/GUARDIAN PERMISSION

I have read and understand the front of this form. I hereby grant permission for my child to
receive ____________________________ as directed by his/her physician.
Medication

________________________________   ______________________________
Date         Parent/Guardian (Signature)

________________________________
Telephone Number