Chesterfield Township School District

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www.ChesterfieldSchool.com

Office of the School Nurse

Administration of Medication Request Form

Date: _____

Dear _____:
You have requested that your child: _____
receive medication at school during school hours. In order to comply with state code and school policy, your physician must complete the form below and you must complete the parent/guardian section. **Your child can not receive medications at school without the completion of this form.**

Part 1: To Be Completed and Signed by Child's Physician:

Reason for medication:_____
1. **Name/Description of medication**:_____
2. **Dosage:**_____**Time**:_____

Method of administration:_____
3. **Side Effects/Precautions**:_____
4. **Date to Begin**:_____/_____/_____**Date to Conclude**:_____/_____/_____
6. **Field Trip Procedure:** Students may attend a partial or full day field trip during the school day. If the trip time interferes with administration times and the medication is not an emergency medication, please indicate what action you want taken: _____ **Give dose late and notify parent**. _____ **Omit dose**

Other Guidelines: _____

Date: _____ _____

Signature of Child's Physician

Name of Physician: _____ **Office #:**_____

(Please note new orders are needed for each school year)

Part 2: To Be Completed by Parent/Guardian:

I request permission for my child, _____
to take medication at school during school hours. I shall bring to the school nurse the appropriate amount of unexpired medication, in the original labeled container, with my child's name, medication name and dosage. I realize it is my responsibility to have my child's physician complete the request form. I understand information regarding my child's health and medications may be shared with school staff on a need to know basis.

Students may not transport medications to or from school.

Date: _____ **Parent/Guardian Signature:** _____

This request may be reviewed for approval by the Chesterfield Township School District's Physician.
Revised 01/27/21