

## SCHOOL REQUEST TO ADMINISTER MEDICATION

This form must be completed by the parent/guardian and kept in the office. All medication must be brought to the school by the parent/guardian.

Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
                    Last                      First                      Middle Initial

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Medication Information:

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Time(s) Given: \_\_\_\_\_ Duration: \_\_\_\_\_

Prescription: \_\_\_\_\_ Non-prescription: \_\_\_\_\_

**Self-Administer and/or Self-Possess**

By checking the above box, I represent that the student is capable and responsible to self-possess and/or self-administer this medication. **Self-Administration for elementary and middle school students will be reviewed and determined by the building principal on a case-by-case basis.**

### Physician Information:

Attending Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Instructions: \_\_\_\_\_  
\_\_\_\_\_  
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I hereby request that my child receive his/her medication at school. I understand that the medication will be administered in accordance with the above instructions. I have read and agree to the conditions of approval as stated on the back of this form.

\_\_\_\_\_  
Parent/Guardian Signature  
(student signature if 18 years of age or older)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

## CONDITIONS OF APPROVAL

- Parents/guardians have the overall responsibility to ensure that student medication is properly delivered and administered. The parent/guardian is expected to:
  1. Complete, verify accuracy and return to the student's school office the Request to Administer Medication form before any medication is brought to school.
  2. Ensure adequate medication is available and current. This includes monitoring expiration dates, obtaining medication renewals and refills, and splitting any pills so the prescribed dosage is available for administration.
  3. Inform the school office, in writing, of any change in the student's health affecting the administration of medication and/or any changes in the medication or the administration thereof, including the termination or discontinuance of the medication.
  4. Provide the District, in writing, with all relevant physician and/or administration instructions.
  5. Monitor that the student complies with the appropriate administration regimen, including the manner and time for dispensation of the medication.
  6. Unless authorization for self-possession/self-administration or other arrangements have been pre-approved by the school office, deliver student medication to the office and pick up any expired medication or unused medication at the end of the school year. (The student may personally deliver the medication only if he/she is 18 years of age or older, he/she provides advance notification to the school office that he/she will be bringing medication to school and delivers the medication to the school office immediately upon arrival to school with the medication.)
  7. Assist in the development of a self-possession/self-administration plan with the school principal, as appropriate.
- Students who are 18 years of age or older, or an emancipated minor, have the responsibility of the parent/guardian under this Conditions of Approval.

### **Special conditions for self-possession/self-administration:**

1. The student is responsible for the physical possession of the medication. The medication must be maintained at all times, except during proper administration, in a container appropriately prepared and labeled by the prescribing physician, pharmacy or pharmaceutical company from which the medication was procured.
2. The school does not monitor or maintain administration records for self-possession/self-administration or medication. The parent/guardian/student is expected to follow and monitor the appropriate regimen.
3. The school principal or designee may revoke the approval to self-possess or self-administer medication at any time, upon providing advance notification to the student's parent/guardian or to the student if 18 years of age or older.

### **Possible discipline:**

Possessing or taking medication in school without approval; sharing medication with or distributing medication to another student; or failure to follow these rules and procedures will result in disciplinary action, up to and including expulsion from school.

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Parent/Guardian Signature

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Student Signature