GreatHearts
Northern Oaks

Request for Administering

Prescribed Medications by School Personnel

STUDENT NAME: ______________________________________ BIRTHDATE_________________

GRADE: _______________ TEACHER________________________

NAME OF MEDICATION: ____ Exp. Date: _________________

QUANTITY GIVEN TO SCHOOL: _________________

CONTROLLED SUBSTANCE? YES NO UNSURE

DOSAGE: _______________________ TIMES TO BE GIVEN (SCHOOL HOURS): ______________________________

DURATION OF THERAPY (CIRCLE): 19/20 SCHOOL YEAR 5 7 10 OR 30 DAYS FROM FORM DATE

OTHER DURATION START DATE: ___________________ END DATE: ______________________

REASON FOR MEDICATION: _______________________________________

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1. Written authorization is required to ***discontinue*** prescription medication.
2. Prescription inhalant medication may be carried by the student ONLY if directed in writing by the Physician and Parent. (Complete form for Asthma Inhalers at School.)
3. Medication will be dispensed during school hour only.
4. CONTROLLED SUBSTANCES MAY ONLY BE RECEIVED BY A SCHOOL NURSE OR DESIGNATED PERSONELL.

Parent Consent: I consent to and authorize the health care provider to disclose health information to the school, and for the school to disclose the above information to those within the school district who have a need to know for legitimate educational purposes.

I understand that medications are to be dispensed during school hours only.

PARENT/LEGAL GUARDIAN SIGNATURE: ____ DATE: _____________

Home/Cell phone: ____________________________ Work phone: ___________________

NOTE: PLEASE INDICATE BELOW YOUR PREFERENCE FOR DISPOSITON OF ANY UN-USED PORTION OF YOU CHILD'S MEDICATION.

_____Parent will pick up medication (PARENT MUST PICK UP CONTROLLED SUBSTANCE)

_____Send medication home with student

OFFICE USE

Date Medication Received: __________________ Quantity Received: ___________ Initial: _______________________

Refill Date: ______________ Quantity: _________ Received by: ________________ From: ____________

Refill Date: ______________ Quantity: _________ Received by: ________________ From: ____________