

BISHOP DUNN MEMORIAL SCHOOL

Medication Request Form

Student's Name: _____ Grade _____

Home Address _____

When your child's physician feels that medication is necessary during the school day, you are asked to follow certain procedures. School nurses **cannot** administer medication to students without a written order from a physician. Therefore, you are requested to provide:

1. a written note from you, the parent or guardian; (*Part I below*)
2. a written order from your physician or other health care provider, including the information shown on this form; (*Part II below*)
3. a new physician's order for each medication or any changes in dosage, time of administration, etc.
4. a new medication order at the beginning of each school year;
5. and to **bring the medication to school in prescription bottle, or original packaging if it is an over-the-counter medication.**

Students are not allowed to carry medication on their person, or to take medication without written directive from physician or parent. When students are required to take medication in school, it must be administered under supervision.

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I. TO BE COMPLETED AND SIGNED BY PARENT OR GUARDIAN: DATE:

I, here by give permission for the medication to be administered to my child as stated below.

_____	_____
Student's Name	Grade
_____	_____
Parent's Daytime Telephone #	Parent's Signature

II. TO BE COMPLETED AND SIGNED BY HEALTH CARE PROVIDER: DATE: _____

_____ is to be given _____
Student's Name medication

For _____
Diagnosis/ Condition

_____ Dosage and frequency of Medication

Possible Side effects: _____

_____	_____
Health Care Provider's Phone #	Health Care Provider's Signature



