Trevor-Wilmot School
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REQUEST FOR MEDICATION ADMINISTRATION DURING SCHOOL HOURS

PART A - ONE MEDICATION PER FORM - Physician to complete this section for prescription medications.

Notice to school employees administering medication as designated by school officials to provide the following medication to the student as directed below.

Student Name:_____

Medication: _____

Dosage: _____

Route: _____

Time (s) Administered: _____

Reason for Medication: _____

Student may carry medication for Emergency purposes: ☐Yes ☐No

Give medication on: ☐empty stomach ☐full stomach ☐not applicable Refrigerate medication:☐Yes ☐No

Additional directions or symptoms to report_____

PRN medication: circumstances to be used _____

NOTE: Designated school staff who dispense medication to the above student may call me at any time with questions or concerns related to this student's medical condition and medication.

DOCTOR'S SIGNATURE: _____ DATE:_____:

DOCTOR'S NAME: (Print) _____ PHONE:_____

ADDRESS:_____ FAX:_____

PART B -ONE MEDICATION PER FORM - Parent/Guardian to complete this section for allmedications.

I hereby give permission to school employees designated by school officials to give medication to my child according to the following directions. I further give permission to school authorities to contact my student's physician as necessary and to notify the school in writing at the termination of this request or when any medication changes occur..

Student Name_____ Grade_____

Name of Medication_____ Dosage to be given_____

Time to be given_____ Reason for medication_____

I have read the Medication Criteria for Dispensing Medication at school on the back of this page and agree to meet this criteria. ALL medication must be in a properly labeled container.

PARENT SIGNATURE_____ **DATE**_____

DAYTIME PHONE NUMBER _____