

Physician/Parent Request for Administration of Medication  
By School Personnel During School Attendance  
Calloway County Schools

Please read the following very carefully and sign in the spaces indicated.

- Parents should request from the physicians one (1) prescription bottle for home and one (1) for school.
- Appropriate labeling for the prescription bottle should include the date the prescription was issued, name of students, name of medication, method of administration, dosage, the physician’s name, name of the pharmacy, and the telephone number for the pharmacy.
- Medication brought to the school MUST be in the original container.
- Medication MUST be brought to school by the parent or adult designated by the parent and given to school personnel in the office. The completed and signed Physician/Parent Request for Administration of Medication form should accompany the medication on or before the first day the medication is dispensed.
- Over-the –counter drugs will not be administered daily or on a long-term basis by school personnel unless accompanied by a label and a Physician/Parent Request for Administration of Medication form.
- The first dosage of a medication should not be given at school.
- A completed Physician/Parent Request for Administration of Medication form and a newly labeled pharmacy container should accompany any changes made in the type of drug, dosage, and/or time of administration to reflect the new changes. The school must receive all of the above before the charged medication dosage will be administrated as requested.
- A non-health professional designated by the Principal or School Nurse may administer medication.
- A Physician/Parent Request for Administration of Medication must be filled out for each medication must be given.
- At the end of the school year, if unclaimed medication has not been picked up within two (2) weeks from the last day of school, the remaining medication will be destroyed.

REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL

Name of Child \_\_\_\_\_ D.O.B. \_\_\_\_\_ School \_\_\_\_\_

Address \_\_\_\_\_

Name of Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Directions/Time for Administering Medication \_\_\_\_\_

Reason for Taking Medication **and** possible adverse reactions: \_\_\_\_\_

\*\*\*\*Student MAY CARRY/SELF ADMINISTER EMERGENCY MEDICATION (listed above) with him/her while on school property/trips. This shall include Epipen/Inhalers/Benadryl only **(Circle one)** YES NO

*We (I) the undersigned, the parent(s)/guardians(s) of \_\_\_\_\_ request the prescribed medication to be administered to our (my) child at school as ordered. We (I) further understand that any school employee who administers any drug to our (my) child in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of any adverse drug reaction suffered by the student because of administering such drug.*

\_\_\_\_\_  
Parent/Guardian’s Signature Relationship

*On request of this completed form along with prescription medication and/or special equipment prescribed, a non-health professional designated by the Principal or School Nurse may administer medication.*

Date of Request \_\_\_\_\_ Date of Termination of Prescription \_\_\_\_\_

\_\_\_\_\_  
Physician’s Name (printed) Physician’s signature

\_\_\_\_\_  
Physician’s Address Physician’s Telephone Number