



STUDENT SERVICES

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**MEDICATION REQUIRED DURING SCHOOL HOURS**

This form must be completed and signed by physician and parent/guardian before any medication can be administered at school.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

I request that my child be allowed to take medication at school according to instruction from his/her physician. I understand it is my responsibility to bring the medication to school in the original pharmacy container labeled with the child's name, medication, dosage and directions. While the school will make every effort to cooperate, the child must assume responsibility for obtaining the medication in the office.

**TO BE COMPLETED BY PHYSICIAN:**

Diagnosis: \_\_\_\_\_

Name of medication: #1. \_\_\_\_\_ #2. \_\_\_\_\_

Form of medication/treatment and dosage:

**MEDICATION # 1:** TIME TO BE GIVEN: AM \_\_\_\_\_ PM \_\_\_\_\_

Tablet/Capsule  Liquid  Inhaler  Injection  Nebulizer  Epipen  Other

**Start:** Date form received: \_\_\_\_\_ **Stop:** Medication administered until: \_\_\_\_\_

**MEDICATION # 2:** TIME TO BE GIVEN: AM \_\_\_\_\_ PM \_\_\_\_\_

Tablet/Capsule  Liquid  Inhaler  Injection  Nebulizer  Epipen  Other

**Start:** Date form received: \_\_\_\_\_ **Stop:** Medication administered until: \_\_\_\_\_

FOR EPISODIC/EMERGENCY EVENTS ONLY

Restrictions and/or important side effects:  None anticipated

Yes. Please describe: \_\_\_\_\_

**PHYSICIAN SIGNATURE:** \_\_\_\_\_ Clinic/Office \_\_\_\_\_

Physician Name (Please stamp or print.): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN:**

I authorize the school personnel to administer the above medication to my child as ordered by the physician listed below. I understand that medically untrained school personnel may administer this medication.

**This form must be renewed whenever the prescription changes and at the beginning of each school year.**

**Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Daytime Telephone Numbers: \_\_\_\_\_

(Home)

(Business)

(Cell/Pager)