

**Nelson County Public Schools
Medication Administration Request
Special Procedure Administration Request**

Health care personnel may administer prescription medications and special health care procedures when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are to be brought to the school by the parent.

Students are not allowed to carry medications on their person at any time, except asthma inhalers, Epipens and Insulin pumps. Prior to a student carrying their asthma, severe allergy or diabetes medication, this form must be completed by the parent and prescribing physician. Students are encouraged to carry their inhalers and/or Epipens in their backpacks at all times.

Prescribed medication/treatment may be administered by a school nurse. The medications must be brought to school in the original medication container labeled by the pharmacy. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school.

PHYSICIAN'S AUTHORIZATION

1. Name of student: _____ DOB: _____
2. Address: _____ School: _____
3. Relevant diagnosis: _____
4. Medication or procedure: _____
5. Dosage and route of administration: _____
6. Time(s) of administration: _____
7. Beginning Date: _____ Ending Date: _____
8. Disposition of student following administration of medication or procedure, if applicable, i.e. rest, home hospital, doctor's office or return to class: _____

9. Asthma Inhalers/Epipens/Diabetic medications only:

This student is both capable and responsible for self-administering this medication.

_____ NO _____ YES, supervised _____ YES, unsupervised

Physician's Signature

Date

Printed Name

Telephone number

Address

Fax number

PARENT'S CONSENT

I the undersigned, parent/guardian of _____, request that the medication or procedure be administered to my child as directed above and on the medication label from the pharmacy.

Parent's Signature

Relationship to student

Home telephone number

Work telephone number

Date