

# REQUEST FOR ADMINISTRATION OF MEDICATION

Child's Name \_\_\_\_\_ School \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School Nurse \_\_\_\_\_ Fax # \_\_\_\_\_

**To be completed by school nurse/parent and faxed to Health Care Provider (HCP) for signature OR to be completed by HCP at office when prescribing medication and faxed or brought back to school.**

*Diagnosis* \_\_\_\_\_

*RX (Dosage/Frequency/Route)* \_\_\_\_\_

\_\_\_\_\_

*Reportable Adverse Reactions/Side Effects* \_\_\_\_\_

\_\_\_\_\_

*Beginning Date* \_\_\_\_\_ *Ending Date* \_\_\_\_\_

*List Other Medications Currently being Taken* \_\_\_\_\_

\_\_\_\_\_

*Name of Prescribing Health Care Provider (Please print)* \_\_\_\_\_

*HCP's Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*HCP's Phone Number* \_\_\_\_\_ *HCP's Fax Number* \_\_\_\_\_

I request that the Principal or his/her designee administer the medication as directed above. I authorize the release of information between the school and the Health Care Provider, and the HCP and school regarding my child's diagnosis and medication per HIPAA.

***Sign before faxing to Health Care Provider.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Emergency #

**INHALER/EPI-PEN EXCEPTION:**

My child meets Wyoming State Statute 21-4-310 conditions for self-administration of life saving drugs, and is responsible and capable of self-administration. ***Note: Child must be able to tell time to use an inhaler correctly.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Emergency #

**PARENT PLEASE NOTE:**

***STUDENT MEDICATION MUST BE IN THE PRESCRIPTION OR MANUFACTURER'S CONTAINER.***

*(For Short Term Use)*

Date	Time	Signature	Date	Time	Signature

Dear Parent:

According to Natrona County School District #1 Medication Rules and Regulations Board Policy 5452, when your child needs **medication of any type** (including over-the-counter medicine) given during school hours you have the following choices:

1. You may discuss with your Health Care Provider **an alternative schedule of medication**, so that it can be given outside of school hours. The School Board recognizes that some students must take medications regularly and others, on occasion, and whenever possible, the Board prefers that medication be taken at home.
2. You may **come to the school and give it to your child** at the appropriate time. Per Board Policy #5452, the school shall not furnish medications under any circumstances, and medications shall only be dispensed by an adult.
3. You may **get a Medication Form** from the school or your Health Care Provider (HCP) and **have the school nurse or HCP indicate the diagnosis, drug, dose, and time to be given on the form. Be sure both you and the HCP sign the form.** The medication must be in a pharmacy labeled or manufacturer's container. All medication will be stored in a designated area that is to remain locked when not in use. Students must take all medication in the presence of designated school personnel.

**EXCEPTION:** Inhalers and Epi-pens may be carried by the student if the "EXCEPTION" on the Request for Administration of Medication Form on the reverse side of this letter has been signed by both the parent/legal guardian and the Health Care Provider and is on file in the school nurse's office.

On the reverse side of this letter is the Medication Form. Please feel free to make multiple copies of this form so that you will always have one for the Health Care Provider and yourself.

**Remember, that in order for any medication to be given at school, it must be in the original container and the school Medication Form must be filled out and signed by both you and the Health Care Provider. Per Board policy #5452, medications are only given with written request from the Health Care Provider and also the parents/guardians.**

All Remaining medication must be picked up from the school by the parent/guardian. At the end of the school year, all medication with the exception of inhalers and epi-pens will be discarded.

**This form must be renewed each school year.** Thank you for your cooperation.