

Millville Public Charter School

MEDICATION ADMINISTRATION IN SCHOOL- Request

To the Parent/Guardian of: \_\_\_\_\_ Grade \_\_\_\_\_

Students who need medication during school hours must:

-present a written consent signed by the parent or legal guardian

-present written orders from the MD, including:

1. dose, time, and length of administration
2. diagnosis/purpose for medication

-bring the medication in the original container, properly labeled by a registered pharmacist

(Medication **MUST** be dropped off by the parent or guardian)

TO BE COMPLETED BY THE PHYSICIAN

Name of Student: \_\_\_\_\_

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Time to be given at school: \_\_\_\_\_ Length of time for order: \_\_\_\_\_

Diagnosis/Purpose: \_\_\_\_\_

List of possible side effects (recommended): \_\_\_\_\_

Signature of Physician \_\_\_\_\_ Date: \_\_\_\_\_

Name of Physician (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

TO BE COMPLETED BY THE PARENT/GUARDIAN

I give permission for my child \_\_\_\_\_ to receive the above medication as directed by the physician.

Signature of Parent/Guardian: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Please Check one: [  ] Administer on early dismissal days.

[  ] DO NOT administer on early dismissal days

**MUST BE RENEWED ANNUALLY**