

JLCD1—Request for Giving Medicine to Students

Student Name: _____ Grade: _____ Teacher: _____

Medication: _____

Diagnosis/reason for giving: _____

Time to be given: _____ a.m. _____ p.m.

Medicine is to be given from (mm/dd/yy) _____ through _____.

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure and disciplinary action.

Parent's or Guardian's Signature

Date

A signed physician's statement indicating the necessity must accompany any request for self-administration of medicine, whether it is prescription or over-the-counter medicine except in the case of medication for diagnosed anaphylaxis and breathing disorders requiring handheld inhaler devices. In these cases the student's name on the prescription label is sufficient for the physician's recommendation.