

**ADMINISTERING MEDICINE TO STUDENTS**  
**Request for Administration of Medication to Students**

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

Student's name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent: \_\_\_\_\_

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

Doctor: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

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

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

2. Purpose of medication: \_\_\_\_\_

3. Dosage of medication: \_\_\_\_\_

4. Time(s) to be administered: \_\_\_\_\_

5. Method of administration: \_\_\_\_\_

6. Location where medication will be administered: \_\_\_\_\_

7. Person designated to administer medication: \_\_\_\_\_

8. Alternate designate in absence of person indicated above:

a. \_\_\_\_\_ or

b. \_\_\_\_\_

9. Termination date of administering medication: \_\_\_\_\_

10. Location where medication will be stored: \_\_\_\_\_

11. Possible adverse reactions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Procedures in case of adverse reactions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Administration of Drug Tracking Form is in Place:      Yes      No

14. Plan for Off School Grounds Administration is in Place      Yes      Not Required

15. Protocol for Administering Medication Off School Grounds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that my child, \_\_\_\_\_, receive medication at school and/or during an off-school grounds event according to the information noted above.

My child needs to receive this medication at school and/or during an off-school grounds event for the following reason(s):

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

**Note: Medication must be brought to the school in the original, labeled container. If instructions are not specified on the container, written instructions from the prescribing doctor must accompany this application.**

