



Circle USD 375
District Office 316-536-2577
District Fax 316-536-2249

Request for Medication Administration Form

Name of Student _____ DOB _____

School _____ Teacher _____ Grade _____ Start Date _____

MEDICATION _____

DOSAGE _____ Route _____

Time during school day medication is to be given _____

Special Directions or Other information _____

Reason for RX _____ Expected Duration _____

Physician Phone #

Printed name of Physician

Signature of Physician

Date

I hereby certify that _____ has previously had at least one dose of the above prescribed medication and did not have an adverse reaction from it. Therefore, I give permission for my child to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication in a properly labeled container. The label shall give the following information:

1. Student's name
2. Name of medication and current date
3. Dosage and direction for administration
4. Prescribing physician's name

I further understand that any school employee who administers any drugs to my student in accordance with written instructions from the physician shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.

It is the lawful custodian's responsibility to assure that the medication and dosage in the container is the same as is described by the label.

Date

Signature of Parent or Guardian

For Inhaler Use - Inhaler Release

The student has been instructed in and understands the purpose and appropriate method and frequency of use of the inhaler. We request that he/she be permitted to carry the inhaler on his/her person.

We, the undersigned, absolve the school of any responsibility in safeguarding the student's inhaler.

Physician Phone #

Printed name of Physician

Signature of Physician

Date

Date

Signature of Parent or Guardian

Note: It is strongly advised that each student leave an extra inhaler in the school office in the event of a misplaced inhaler.