PHYSICIAN/PARENT REQUEST FOR ADMINSTRATION OF MEDICINE OR SPECIAL PROCEDURE BY SCHOOL PERSONNEL

Special health care procedures and medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are to be brought to the school by the parent.

Prescribed medication/treatment may be administered by school nurse or by a non-health professional designated of the principal or school nurse. The medication should be brought to school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school.

1.	Name of Pupil		Date of Birth		
2.	Address	Town			
3.	Condition for which prescribed treatment is required:				
4.	Specific medication or procedure:				
5.	Dosage and method of administration/instruction (include time schedule):				
6.	Precautions, unfavorable reactions:				
7.	Disposition of pupil following administration or procedure, if applicable, i.e.: rest, home, hospital, doctor's office, return to class.				
8.	Date of Request:	Date of Termination:			
9.	Physician's Name (please print) / Signature				
	Physician's Address		Telephone Number		
	_	ned, the parents/guardian of	tudent's Name		
		Signature of Parent/Guardian			
		/	Phone:	/	
Na	ume (please print)	Relationship	Home	Work	
		/	Phone:	/	
Na	ime (please print)	Relationship	Home	Work	

NOTE: Prescribed asthma inhaler ma be kept by the student and self-administered if the physician indicates this need in writing and considers the student sufficiently responsible. In addition, the physician should list any precautions to be followed on this form (the school nurse will inform the principal and appropriate others).