

**PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION  
OF MEDICINE BY SCHOOL PERSONNEL 2017-2018**

Prescribed medication is administered by a *non-health* professional designate of the Principal. This medication should be brought to school in **THE ORIGINAL CONTAINER** appropriately labeled by the pharmacy. Parents may request the pharmacist dispense two bottles of medication, one for home and one for school.

1. Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

2. Condition for which prescribed treatment is required: \_\_\_\_\_

3. Specific medications(s): \_\_\_\_\_

\_\_\_\_\_

4. Dosage & method of administration (include time schedule) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Precautions, unfavorable reactions: \_\_\_\_\_

\_\_\_\_\_

6. Date of Request: \_\_\_\_\_ Date of Termination: \_\_\_\_\_

7. Physician's Name (Print): \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

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

I understand that by signing this form I release the school from all liability associated with the dispensing of this medication.

Notre Dame School has permission to administer following non-prescription medications to my student. ***I will furnish a small bottle with my student's name on it and written instructions.***

\_\_\_\_ Tylenol

\_\_\_\_ Advil

\_\_\_\_ **NO** permission granted for Over The Counter Medications

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