

## **PHYSICIAN ORDER AND PARENT REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL**

Bigfork schools would like to encourage parents to administer medication(s) outside of the school day. In certain acute or chronic health conditions it may be necessary for a child to take prescription or over-the-counter medication during the school day. In order for this medication to be administered at school, the School Nurse must be contacted and the procedure below must be followed:

1. There must be a written Physicians Order which includes the diagnosis, name of medication, dosage, times to be given, and possible side effects.
2. The parent or guardian must sign the consent for the medication to be given.
3. The medication must be supplied by the parent or guardian in a properly labeled container including the student name, dosage, frequency, and expiration date.
4. The medication may only be dispensed by the school nurse or her designee.

### **PHYSICIAN ORDER**

Permission for medication to be given at school

School year: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Diagnosis of illness or condition: \_\_\_\_\_  
 Medication Required: \_\_\_\_\_  
 Dosage: \_\_\_\_\_  
 Times of administration of medication: \_\_\_\_\_  
 Possible side effects: \_\_\_\_\_  
 Anticipated number of days to be given at school: \_\_\_\_\_  
 Special instructions: \_\_\_\_\_

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

### **PARENT REQUEST**

We \_\_\_\_\_ as parents/legal guardians of \_\_\_\_\_ hereby consent to the administration of (medicine) \_\_\_\_\_ as outlined above by our physician. We request that this medication be given to our child; and therefore release Bigfork School, its agents and employees from any and all liability as well as to hold them harmless to the extent outlined by law in consideration for their efforts in this regard.

Parent Signature \_\_\_\_\_