Medication Administration Form

This form must be completed and authorized by the Principal if a student requires medication to be administered at school, with or without the assistance of school staff. This information is important for student safety – please keep it up to date.

Student Information (please print)

Student's Full Legal Name: ____

Classroom Teacher: ________________________________

Medication Requirements

(To be completed by the Physician, for severe allergies or medical conditions requiring prescription medication. For other conditions, to be completed by parent/guardian)

Medical condition(s) which make(s) the medication(s) necessary:

____

____

____

____

Medication(s) that the student requires:

Please fill out the medication names and details for administering them:

Medication	Dosage	How Often	Time(s) of Day

Medication storage requirements (please list):

____

____

____

Does the student need staff assistance? ☐ Yes ☐ No

If yes, please explain assistance needed:

____

____

____

Possible side effects requiring emergency action:

____

____

____

Actions necessary if an emergency arises:

____

____

____

Additional instructions or information:

____

____

____

Physician's Endorsement

The assistance required of staff is within the competence of a person untrained in medical procedures

☐ Yes ☐ No

____________________________________ ______________________________

Physician's Name (please print) Physician's Phone #

____

Physician's Location and Address

______________________________________ ___________________________

Signature of Physician Date

1) Primary responsibility for the administration of medication rests with the student and the student's parent/legal guardian.
2) Any changes in the student's medication condition or medication is to be brought to the attention of the principal promptly.
3) Action taken by staff will be limited to what is possible in a school setting and to what can be done by persons untrained in medical procedures.
4) The action taken by staff as requested above is both requested and authorized.

Name of Parent/Guardian (printed): ____

Signature: _______________________________________ Date: ______________________
(dd/mm/yy)

Signature of Classroom Teacher: ______________________ Date: ______________________
(dd/mm/yy)

Signature of Principal: ______________________________ Date: ______________________
(dd/mm/yy)