



# 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)