

Summit Academy Medication Administration Form

Date: _____

Student's name: _____

Date of birth: _____ Grade: _____

To be completed by Parent/Guardian:

Medication	Dose (mg, tsp)	Time	Form	Reason

Prescription medications will only be administered according to the directions on the prescription bottle.

List minimal frequency between doses (if as needed) _____

Start date: _____ Stop date: _____ As needed: _____

If as needed, is phone verification necessary before dispensing medication? _____

Restrictions and/or side effects: _____

Special storage requirements:

Refrigeration

None

Other _____

Student is both capable and responsible for self-administering this medication.

No, will need help

Yes, but will be supervised

Physician Name and phone number _____

Physician Signature _____

I request that my child receive the above medication at school according to school policy.

Date: _____ Signature: _____ Relationship _____

MEDICATION POLICY: Medication includes both prescription and non-prescription medicine. The proper form, which includes written permission from the parent/guardian must be filled out and returned to the office before medication can be dispensed. The form will also include written instructions (name of student and medication, dosage, time, route and duration of administration). All parental permission forms must be accompanied by a doctor's written order. This includes all over the counter medication as well as all prescription medications. All medications will be administered by the administrative assistant, teacher or other designated adult and in the presence of another adult. Medication must be brought into the office by the parent/guardian. Medication must be in an original, labeled container.