

Rev: 11/16/16 dm

REQUEST FOR ADMINISTRATION OF  
PRESCRIPTION/NONPRESCRIPTION  
MEDICATION



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Student's Name \_\_\_\_\_

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Grade/Teacher \_\_\_\_\_

Room Number \_\_\_\_\_

Date of Plan \_\_\_\_\_

**Emergency Contact Information:**

**Mother/Guardian** \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**For Parent/Guardian Completion:**

I, \_\_\_\_\_ the parents of \_\_\_\_\_  
Parent's Name Child's Name

authorize Anchor Bay schools to administer oral medication to my child according to the directions below:

Name of Medication: \_\_\_\_\_

Dose (including timing): \_\_\_\_\_

Condition/Purpose: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Physician's Address:** \_\_\_\_\_ **Phone Number** \_\_\_\_\_

**PROCEDURE FOR ADMINISTRATION OF MEDICATION:**

1. All medication is to be brought to the school office by an adult.
2. Medication is to be in the original bottle.
3. Students are not to carry medication to school.
4. The building Principal will be responsible for developing the building procedure.
5. Prescribed medication must be in pre-measured form. School personnel must not be expected to measure liquids.
6. Please note, AB Schools cannot administer expired medications.