## **Parkview School District**

## MEDICATION ADMINISTRATION

The Parkview School District agrees to have designated staff administer medication during the school day to students that are unable to receive their medications at home. It is the parent/guardian's responsibility to provide the medication. All medication, prescription or over-the-counter, must be in its original container, correctly labeled and can only be administered according to package directions. We are unable to dispense medication that is received in baggies, envelopes, etc. Medication is to be furnished by the parent and is to be labeled with the name of the medication, the amount to be given, time of day to be given and the expected duration of treatment. Medication prescribed for three doses per day can most often be given before school, after school and at bedtime.

Student Name		Birth Date / /
School		Grade
Non-Prescription Medications: The following section is to be completed by the parent/guardian.		
I give permission for the following medication to be give	n to my chi	ild, while he/she is at school, by the designated staff.
Name of Medication		Dosage
Time to Administer	Start Dat	te End Date
Signature of Parent/Guardian		Date
Prescription Medications: The following section is to be	e complet	
Name of Medication		Dosage
Time to Administer	Start Date	e End Date
Diagnosis for which medication is given		
Significant side effects		
Additional Info		
Additional Info		
Physician's Printed Name:		
Signature of Physician		Date
Physician's Business Address & Telephone Number		
Parent Signature		Date

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Medication Administration Form