

Hamburg School
Health Office
PRESCRIPTION AND NON-PRESCRIPTION
MEDICATION ADMINISTRATION FORM

To be completed by physician:

Student Name: _____ Grade: _____ Date: _____
(Please Print)

was treated for: _____.

I request that the school nurse administer medication prescribed by me for the period from:

_____ to _____.

Rx: _____

Dosage: _____

Time of administration: _____

Side effects: _____

For Daily Medication ONLY

This medication may be skipped on a field trip: _____ Yes _____ No

This medication may be skipped when school dismisses at 1p.m. _____ Yes _____ No

Times may be altered due to delayed opening (10 a.m. & 2 p.m.)
instead of 8 a.m. & 12 p.m.) _____ Yes _____ No

Physician's Signature, Stamp and Date: _____

TO BE COMPLETED BY: PARENT/GUARDIAN

I understand and agree that medication to be administered in school **must** be delivered in the **original pharmacy container** by myself or another adult accompanied by this **completed and signed** form. **Under not circumstances may medicine be carried by an student either to school or home!** I will not hold the Hamburg Board of Education or its personnel responsible for complications related to the medication pursuant to P.A.451 of 1976-S1178.

Please note: If your child is to receive medication on the first day of school, this form must be completed in full and returned by then. Please provide a small picture of your child for the medication sheet.

Hamburg School

Administration of Medication

The following procedures shall be followed for the administration of medication at school:

Non-Prescription Medication

- The dispensing of over-the-counter medications are prohibited without the written request of a physician's note on file and a written note from the parent/guardian of the student on file with the school nurse. (i.e. Tylenol, cough remedies, cough drops)

Prescription Medications

- A written request for the administration of the prescribed medication at school shall be provided by the parent/guardian to the School Nurse.
- Written orders are to be provided to the School Nurse from the private physician detailing the name of the medication, its proper timing and dosage along with the time when its use will be discontinued.
- The parent/guardian must deliver the medication to the School Nurse in the original container, appropriately labeled by the pharmacy or physician.
- Medication will be administered to pupils in the school by the School Nurse unless self-administration is permitted (for life-threatening conditions only - asthma, sever allergy).
- The parent/guardian of the child requiring medication is permitted to administer the needed medication in school and/or on field trips.
- Medication no longer required should be promptly removed. All medications must be picked up at the end of the school year.
- If your son/daughter self-administers an inhaler for asthma or an EPI Pen for allergies to bees or food, a note from the physician must be on file with the School Nurse for self-administration during school hours or at athletic events.
- **Medication orders must be renewed yearly.**