



**ADMINISTRATION OF PRESCRIBED MEDICATION**

Mountain View School Division realizes that certain students may require prescribed medication during the school day. The Division will agree to give the medication provided that the school staff assistance is required and only if the parent(s) or legal guardian(s) of the student have this form completed and given to the school. A new form must be completed each school year and whenever the physician changes the prescription. This information should also be included in the school’s computer information system.

Please note that the prescribing physician must fill out the reverse side of this form.

**SECTION A: TO BE COMPLETED BY PARENT/GUARDIAN**

A) I request that the medication \_\_\_\_\_  
name of medication  
\_\_\_\_\_ be administered \_\_\_\_\_  
dosage how often and time of day  
to \_\_\_\_\_, as outlined on the reverse  
name of student  
by Dr. \_\_\_\_\_.  
name of physician

B) I will be responsible to send/deliver the medication to the school. If I am unable to do this personally, I designate the following person to deliver the medication to the school:

Who and When

C) If the school has to call me because of some problem with the medication, try the following phone number(s):

\_\_\_\_\_

If the school is unsuccessful in contacting me, here are two other people to call for advice:

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

D) I shall notify the school immediately if the medication is no longer required.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**SECTION B: TO BE COMPLETED BY THE PHYSICIAN**

Re: \_\_\_\_\_  
Name of Student

A) Please identify the prescription and recommended dosage.

B) Specify the time(s) to administer the medication during the school day, and the route (method) of administration.

C) The intent of this medication for this child is to:

D) Any other information of which the school needs to be aware:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Address

**SECTION C: TO BE COMPLETED BY SCHOOL PERSONNEL**

We have read the above information.

\_\_\_\_\_, Principal

\_\_\_\_\_, Classroom Teacher