

Child's Name: \_\_\_\_\_ Teacher \_\_\_\_\_

SCHOOL YEAR \_\_\_\_\_

CPSC REQUEST FOR MEDICATION

TO BE GIVEN DURING SCHOOL HOURS

PARENT REQUEST FOR MEDICATION ADMINISTRATION AT  
SCHOOL/PHYSICIAN'S ORDER (Form 1)

This form should be used only when school personnel will be administering medication to your child.

If your child will be possessing and self-administering his/her medication, please request Form 2.

Medication prescribed: \_\_\_\_\_ Strength/Dose: \_\_\_\_\_

Specific Directions :

Exact amount to give: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Relationship to meals, if applicable: \_\_\_\_\_

How often and at what time (hour): \_\_\_\_\_

Specify side effects or adverse reactions: \_\_\_\_\_

Other instructions (including emergency situations):

\_\_\_\_ Please check if this medication is to be used for emergencies only.

Please print Provider's last name and phone number:

Healthcare Provider \_\_\_\_\_ Phone \_\_\_\_\_

In order to help protect your child's health, your consent and written authorization from a doctor are required when it is necessary for your child to be administered either prescription or non-prescription medicines at CPSC. No medications will be administered to your child at school until this authorization has been received.

*THIS IS A 2-PAGE FORM. PLEASE COMPLETE BOTH SIDES!*

A separate form is required for each medicine. New authorization forms are required every year at the beginning of school, whenever the dose or directions change, or when a new medicine is prescribed. Each medicine must be in an appropriately labeled original container from the pharmacy or healthcare provider's office. Most pharmacies will provide an extra container for school use upon request. Administration of nonprescription medicines at school is discouraged.

I, \_\_\_\_\_ (parent/guardian), understand that:

- It is my responsibility to purchase and supply all medicines to be given at school.
- CPSC and its employees authorized to administer drugs or medication prescribed by a doctor upon my written request shall not be liable in civil damages for any administration or for any omission relating to the administration, unless that act or omission amounts to gross negligence, wanton conduct, or intentional wrongdoing.
- Information shared may be in the form of an emergency or individual care plan for my child and may include information provided by my child's physician, myself, or from records that have been released to the school from another agency.
- Exchange of information will be limited to the minimum necessary to provide the required assistance for my child and will be shared only with those staff who may need to provide the specified assistance for him/her.
- This consent to release information must be signed before my child's teachers can provide assistance with special medical needs other than notifying parents and providing Emergency Services (911).

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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