LANCASTER INDEPENDENT SCHOOL DISTRICT
HEALTH SERVICES

Physician/Parent Request for Administration of Medication or Special Procedure by School Personnel

School personnel may administer special health care procedure and medications at school when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and /or special equipment items are to be brought to the school by the parent. Short-term medication is considered any drug that is to be given for no more than two weeks. All long-term medication that is to be administered in the school setting requires a physician's signature to be given to the school. At the time a child no longer needs the medication, reasonable efforts will be made to send the medication back home, but the school district is not responsible for medication transport.

Prescribed medication/treatment may be administered by a school nurse or by a non-health professional designee of the principal or school nurse. The medication should be brought to school **in the original container appropriately labeled by the pharmacy.** Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school.

1. **Name of Student: _____ Birth date: _____**
2. **Address: _____ School: _____**
3. **Condition for which prescribed treatment is required: _____**
4. **Specific medication or procedure: _____**
5. **Dosage and method of administration/instruction (include time schedule): _____**
6. **Precautions, unfavorable reactions: _____**
7. **Disposition of pupil following administration or procedure, if applicable (rest, home, doctor's office, return to class).**
8. **Date of request: _____ Date of termination: _____**
9. **Physician's Name: _____ Physician's Signature: _____**

   Physician's Address: _____ Physician's Phone #: _____

   Fax #: _____

We (I), the undersigned, the parents/guardians of the above student request that the above medication/procedure be administered to our (my) child.

Parent/Guardian Signature: _____ Relationship: _____ Phone #: _____
NOTE: A prescribed asthma inhaler may be kept by the student and self-administered if the physician indicates this need in writing and considers the student responsible.