

WEST SHORE SCHOOL DISTRICT

Pupil Services

Medication Order and Request

Student's Name _____ Grade/Section _____

Diagnosis _____ Duration of administration _____

Medication Name _____ Dosage _____

Route (oral/injection/drops) _____ Time _____

A student is only permitted to carry their rescue inhaler or injectable Epinephrine, when they have written approval from their health care provider. Health care provider, please initial if you feel the student can responsibly carry and self-administer their rescue inhaler or injectable Epinephrine.

Side effects _____

Curtailment of specified school activities (sports, shop, driver training) _____

Other medication student is taking _____

Physician's Name _____ Phone _____ Date _____
(PLEASE PRINT)

Physician's Signature _____

I request that school personnel administer this prescribed medication. I hereby release West Shore School District and all its employees from any and all liability for damages my child may suffer as a result of this request.

I understand that the certified school nurse will contact my child's health care provider to clarify this medication/procedure if necessary.

Any discontinued medication not removed from the school by a parent/guardian or a responsible adult within a two-week period will be disposed of by the nurse.

It is the policy of the West Shore School District to administer prescribed medication during school hours only when absolutely necessary.

Prescription medication must be sent to school in a container with the prescription label by a pharmacist or a physician. If the parent/guardian does not want to send the prescription medication in its original container, (s)he should ask the pharmacist/physician for a separate, properly labeled container for school use.

If ANY medication is not in the original container, it CANNOT be given.

Parent/Guardian Signature _____ Date _____