

BURLINGTON SCHOOL DISTRICT

Request for Administering Medication by School Personnel

No medication will be given at school until the school receives this completed form with the necessary signatures and the prescribed medication in a container appropriately labeled by the pharmacy or physician. No first dose of any medication will be given at school. Long term medications must be renewed at the beginning of each school year. The School Nurse may contact the health care provider about medication administration, if needed.

Name of Student _____ DOB _____

School _____ Grade _____

Medication _____

School Dosage _____

Daily Medication Schedule _____

Reason for giving _____

Signature of parent or guardian

Date

FOR PRESCRIPTION MEDICATION ONLY

I hereby request that this student be given the above prescription, at school, as ordered.

Signature of **Physician**

Date

Special Instructions _____
