

Brentwood Borough School District

Prescription Medication Administration Form

Medication Administration in school is only permitted with written authorization from an attending physician and written permission from the parent/guardian. Every attempt should be made to give medication at home.

School medical personnel reserve the right to review and respond to any medication requested to be administered during the school day.

Student Name _____ Date of birth _____

Name of Medication _____

Dosage, time, and length of administration _____

Special conditions to observe: _____

During field trips the medication noted above will:

1. ____ Be omitted the day of the trip.
2. ____ Be given before/after field trip during regular school hours by the school nurse.
3. ____ Be administered by parent/guardian accompanying student on trip.
4. ____ Be administered at regular scheduled time by a Registered Nurse.

Physician signature _____ Date _____

Physician Name (PRINT) _____ Phone # _____

Address _____

Medication must be brought to school by a responsible adult. Medication is not permitted to be brought by the student. Medication must be provided in the original labeled pharmacy container, this applies to ALL medication including Epi-pens, Diastat and inhalers. Only a 30-day supply of medication can be stored at school. Medication refills are the responsibility of the student's parent/guardian.

Improperly labeled bottles, baggies, Tupperware, etc. will not be accepted.

The student is responsible to report to the nurse at the appropriate time for medication to be given.

I grant permission for a School Nurse to administer the above prescribed medication. I assume all responsibilities for making this request. I release the School District, School Board, School Nurses from all liability that may result from my child taking the above prescribed medication.

Parent signature _____ Phone # _____ Date _____

NOTE: THIS FORM MUST BE RENEWED ON A YEARLY BASIS