

**Delano Public Schools  
Medication Administration Form**

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Check the boxes to indicate that you have read and understand the requirements for medication administration at school.

- Proper completion of the Medication Administration Form
- Medication supplied:
  - If it is OTC(Over-the-Counter), the medication must be in a **sealed** container.
  - If it is a Prescription, the medication must be in the original container.
  - The medication will NOT be administered if it is expired, please check the expiration date.
- Medications can be administered for **2 school days** without signed Medication Administration Forms, but beyond that, medications will NOT be given to the student.
- One form must be completed for each medication.
- Any OTC medication can only be given **AS DIRECTED** on the bottle, unless a Physician's note or order is supplied.
- The School Nurse has the right to request a Physician's note or order:
  - If the student is taking OTC medications frequently
  - If the student is taking any Aspirin-containing products
- It is the responsibility of the parent to retrieve any unused or expired medications from the Health Office.

**Student:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Medications taken at home:** \_\_\_\_\_

**OTC (Over the counter)**                       **Prescription**

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

Route: \_\_\_\_\_ Time to administer: \_\_\_\_\_

Duration: \_\_\_\_\_ Medical reason for this medication: \_\_\_\_\_

If this is as needed, how often can it be repeated: \_\_\_\_\_

Possible side effects of the medication: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Other medications taken at this time: \_\_\_\_\_

High School Inhalers ONLY: Student may self-carry     Yes             No, it should be in the health office

**If Prescription > Physician Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

Physician printed name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Clinic: \_\_\_\_\_ Fax #: \_\_\_\_\_

Would you like these medications sent with this student on field trips or when off campus?     Yes             No

I request these medications be administered and I give the Health Services Staff authority to communicate with the ordering Physician about this medication. I release school personnel from any liability in the event of reactions resulting from administration of this medication at school.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_