

# WHITEHALL CENTRAL SCHOOL DISTRICT

## MEDICATION REQUEST FORM

When your child's physician feels that medication is necessary during the school day, you are asked to follow certain school procedures. The School Nurse cannot administer medication to any student without a written order from a physician. Therefore, you are required to provide the following:

1. A written note from you, the parent/guardian (Part I below).
2. A written order from your physician or other health care provider including the information in Part II below.
3. A new physician's order for each new medication or any change in medication dosage, time of medication, etc.
4. A new medication order at the beginning of each school year.
5. Bring the medication to school in the prescription bottle or original packaging if it is an over-the-counter medication.

**Students are not allowed to bring any medication of any kind to school or take any medication without written permission from a health care provider and parent/guardian.** When students are required to take any medication in school, it must be administered under supervision.

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### PART I TO BE COMPLETED & SIGNED BY PARENT/GUARDIAN

I hereby give permission for the medication to be administered to my child as stated below.

Student's Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
\_\_\_\_\_

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

### PART II TO BE COMPLETED & SIGNED BY HEALTH CARE PROVIDER

Student's Name: \_\_\_\_\_ is to be given:

\_\_\_\_\_ for  
(Name of Medication, dosage, frequency & duration)

\_\_\_\_\_  
(Diagnosis/Condition)

Possible side effects: \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Print: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_