

## REQUEST FOR PRESCRIPTION MEDICATION ADMINISTRATION AT SCHOOL

University School of the Lowcountry requires that parents of a student needing medication during school hours present the following:

- 1) A medication administration form signed by a parent and the prescribing physician.
- 2) Medication in the original prescription bottle properly labeled by a registered pharmacist as prescribed by law. The student's name and the physician's name must be on the label. NO OTHER CONTAINERS WILL BE ACCEPTED.

Renewed prescriptions must be sent to school in the prescription bottle as issued by the pharmacist.

A parent, NOT THE STUDENT, must deliver and pick up medicines and inform the school of any changes in medication, dosage, student conditions or restrictions.

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication: \_\_\_\_\_ Prescribing Physician: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time of day to be given at school: \_\_\_\_\_

Number of day to be given at school: \_\_\_\_\_

Purpose of medication: \_\_\_\_\_

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

Student restrictions, if any, and length of time: \_\_\_\_\_

**I hereby give permission for \_\_\_\_\_ to take the above medication at school. I will not hold University School of the Lowcountry or the school nurse (or person designated by the head of school) liable for any adverse reaction experienced by the student.**

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Physician: \_\_\_\_\_ Date: \_\_\_\_\_