Hannibal School District #60

Administration of Medications to Students

School: ______________________________ Date Received by the School: ____________

Student & Medication Information

Student Name: ______________________________ Age: _____ Date of Birth: ______________

Homeroom/Classroom: ______________________________ Grade: ____________

Name of Medication: ______________________________ G Rx Medication G OTC Medication

Reason for Medication: ______________________________ Has student been given first dose? _____

Form of Medication/Treatment: G Tablet/Capsule G Liquid G Inhaler G Injection G Nebulizer

G Other: ______________________________

Schedule and dose to be given at school: ______________________________

If "as needed," indicate the maximum dosage per day: ______________________________

Are there restrictions and/or important side effects? G Yes G No

If yes, please describe: ______________________________

Special Storage Requirements: G None G Refrigerate G Other: ______________________________

Allergies: ______________________________

Physician's Information

Facility/Physician:			
Street Address:			
City, State, Zip:			
Phone #:		Fax #:	

Parent Permission

I give permission for ______________________________ to receive the above medication at school.
Student Name

I also give district employees permission to contact the student's physician directly to provide information on the student's condition or clarify medication administration instructions. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any information provided on this form changes or if administration of medication should cease.

Signature: ______________________________ Date: ____________________

Relationship: ______________________________ Home Phone: _________________________

****Notice****

Schools in this district are equipped with pre-filled epinephrine auto syringes and asthma-related rescue medications that can be administered by the school nurse or other trained personnel in the event of life-threatening emergencies involving anaphylaxis or asthma.

****Please attach any additional information the district might need to have in an emergency.****

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