THE SCHOOL DISTRICT OF PHILADELPHIA
SCHOOL HEALTH SERVICES

REQUEST FOR ADMINISTRATION OF MEDICATION

(YES SEE MESSAGE TO PHYSICIAN AND PARENT ON BACK OF FORM)

PHYSICIAN, PLEASE NOTE: Fill in all of the spaces. Missing information will cause the form to be returned
to you. This will cause a delay in your patient receiving medication/treatment. A separate request is needed
for each medication.

NAME OF PATIENT/STUDENT

ADDRESS/ZIP

ROOM/SCHOOL NO.

DATE OF BIRTH

SCHOOL

PID

DIAGNOSIS:

REASON MEDICATION MUST BE GIVEN IN SCHOOL:

NAME OF MEDICATION:

DOSE:

TIME(S) TO BE GIVEN IN SCHOOL:

TOTAL DOSAGE PER 24 HRS:

DATE BEGIN:

DATE END:

INSTRUCTION FOR ADMINISTRATION/UTILIZATION:

CONTRAINDICATIONS:

SIDE EFFECTS:

TREATMENT OF SIDE EFFECTS/ACTION TO BE TAKEN:

RESTRICTION ON ACTIVITY:

YES  NO

IF YES, DESCRIBE:

IS STUDENT TAKING ANY OTHER MEDICATION?

YES  NO

IF YES, NAME OF MEDICATIONS:

PRINT NAME OF HEALTH CARE PROVIDER/CREDENTIALS

ADDRESS

EMERGENCY NUMBER

SIGNATURE OF HEALTH CARE PROVIDER

DATE SIGNED

I authorize licensed school personnel to administer the indicated medication as
prescribed by my child’s health care provider, whose signature appears on this
form.

My child may self-administer medication/equipment as determined appropriate by
the school nurse.

I authorize the school nurse to communicate with my child’s health care provider,
and my health care provider to reply, as needed regarding this medication and/or
my child’s response.

PARENT

SIGNATURE

TELEPHONE

NUMBER

DATE SIGNED

EMERGENCY

NUMBER

In accordance with school district procedure:

- I have assessed the student and s/he has demonstrated competency to self-administer
  medications.
  YES  NO

- The administration of this medication was approved on:

  ____________________________

SIGNATURE OF SCHOOL NURSE

TELEPHONE NUMBER OF SCHOOL NURSE

MED-T (REV. 6/2/18 - COMM. CODE 1602445400)
TO THE PHYSICIAN:
Your patient has requested that medication be administered in school. Ideally, the administration of medication should take place at home. However, for students who require medication during the school day in order to function in the classroom, School District Policy does permit licensed school staff to administer medication. In some cases, students may self-administer their medication.

IF YOUR PATIENT'S MEDICATION CANNOT BE ALTERED SO THAT ALL ARE RECEIVED AT HOME, PLEASE COMPLETE THE REQUEST ON THE REVERSE SIDE. A SEPARATE REQUEST IS REQUIRED FOR EACH MEDICATION OR TREATMENT.

Please fill in all of the spaces. Missing information will cause the form to be returned to you. This will cause a delay in your patient receiving medication/treatment.

Thank you.

School Health Services

DEAR PARENT/GUARDIAN:

Some children need the administration of medication in order to function in the classroom. Ideally, this should take place at home. If your child's medication schedule cannot be altered and administered at home, you can request the medication to be given in school by seeing the school nurse.

Once the School Nurse has approved the request, you will be required to bring the medication to school properly labeled and packaged by a Registered Pharmacist. The medication bottle must have Saf-T-Closure Cap and the label must include:

- Patient Name
- Pharmacy Name
- Pharmacy Address and Phone#
- Prescription Number
- Prescription Date (current)
- Name of medication, dosage form, expiration date (if relevant)
- Instructions for administration
- Name of prescribing health care provider

This procedure must be repeated each school year and/or each time there is a change in dosage.

Parents/guardians must pick up unused or expired medication in person, or send an authorized responsible adult with a note from you. Unused medication which is not picked up within 10 days, or by the last day of school, will be destroyed/discarded.

If you have any questions on this procedure, please contact the school nurse.

Thank you.

BACKER - MED-1 (Rev. 6/2018)