

Meadowbrook Christian School
Milton, Pennsylvania

REQUEST FORM TO ADMINISTER MEDICATION

TO BE COMPLETED BY PHYSICIAN AND PARENT/GUARDIAN

_____ must receive the following prescribed medication in order to

Full name of student _____
maintain sufficient health to participate in the school program. I, therefore, request the school nurse to give my child the following medication:

Name and purpose of Medication/ Treatment _____

Dosage to be given _____ Time to be given _____

Name and telephone of physician _____

Name and telephone of pharmacy _____

Length of time medication is to be given: from _____ to _____

I do hereby give permission for the administration of medication or treatments, and relieving Meadowbrook Christian School, its agents and employees, from any and all liability for the administration of medication or provision of the treatment.

**Student may carry own inhaler during school hours: _____ Yes _____ No

**Student may carry own EPI Pen during school hours: _____ Yes _____ No

Date _____

Signature _____

(Parent or Guardian)

Signature _____

(Attending Physician)

A parent, guardian, or responsible adult who is acting on behalf of the student, should bring the medication to school in the original labeled container. The administration of the prescribed medication/treatment will end as written by the physician or at the end of the school year. A new medication form must be complete every school year.