Highlands Community Learning Center

PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY HIGHLANDS' PERSONNEL

No medication that is prescribed by a physician for a student shall be administered to that student unless:

a. the designated person receives a written request, signed by the parent, guardian, or other person having care or charge of the student, that the drug be administered to the student
b. the signed statement that is presented to the designated person shall include the following information:

_____ _____ _____
Name of Student Address

Is under my care and should receive _____
Name of Drug, Dosage

The following times _____

Specific instructions for administration (if any): _____

Common or usual side effects to watch for (if any) _____

The date the administration of the drug is to begin: _____

The date the administration of the drug is to cease _____

Physician's Signature _____

Phone Number where physician can be reached if emergency _____ __Date _____

PARENT'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY HIGHLANDS' PERSONNEL

I hereby request and give my permission to the director or a delegate to administer the following medication to my child.

Name of Child _____

Name of Drug _____Dosage_____

Administer at the following times _____

_____ _____
Signature of Parent Date

Phone of Parent/Guardian _____