

TOWNSHIP HIGH SCHOOL DISTRICT 214

Prescription/Medication Request Form

The primary function of school is education. The administration of medication is not normally a function of education. However, some students are required by their physician to take prescription/medication during the school day.

This COMPLETED form along with the student's prescription/medication, are to be brought to the school nurse. Prescription/medication is to be in its original container or one properly labeled by the pharmacy. It should be clearly labeled with:

1. STUDENT'S NAME
2. DRUG NAME AND EXACT DOSAGE
3. TIME MEDICATION IS TO BE TAKEN

I request the school nurse supervise my student in taking his/her medication.

I hereby release H.S. District 214, its employees, agents and administration, from any and all liability in any way related to the administration of this prescription/medication.

Parent's Signature

Date

Student's Name

ID#

Diagnosis

Prescription/Medication

Exact Dosage

Time to be administered

Physician's Signature

Physician's Phone Number

Date