DEKALB COUNTY SCHOOL SYSTEM

POLICIES GOVERNING ADMINISTERING MEDICATION DURING SCHOOL HOURS

1. To keep this child in optimal health and to help maintain school performance, it is necessary that medication be given during school hours.
2. In order for medication to be self administered at school, this form must be completed by physician and at least one guardian/parent and be returned to school.
3. Nurses and other designated school personnel can assist with self-administration of medication during school hours.

PHYSICIAN'S REQUEST FOR ADMINISTRATION OF MEDICATION AT SCHOOL BUILDING DURING SCHOOL HOURS

School _____ Date _____

Name of child _____ DOB _____

Diagnosis _____ ___Infectious ___Noninfectious
(please check)

Allergies _____

Name of medication _____ Color, if applicable _____
(Include trade name and prescription number)

Form of medication to be given:

____ tablet ____ pill ____ capsule ____ liquid ____ inhalation ____ injection ** ____ other (specify)

** No injection will be given except in extreme emergency, such as allergy to wasp or bee sting or the like.

Dosage (amount to be given): _____

Frequency: _____

Common side effects: _____

REMARKS: _____

_____ _____
Physician's Signature (date) Physician's Name (print or type)

_____
Physician's Office Phone/Fax #

This is your permission to give medication to my child named above as requested by the physician.

_____ _____ / _____
Parent's Signature (date) Home Phone # Work Phone #

_____ _____
Pager/Cell # Email address

10/2000