

Falmouth School Department
Health Services

PHYSICIAN and PARENT Request for Student to Self-Administer Medication in School

Dear Parent/Guardian:

If your physician decides it is necessary for your child to self-administer medication during the school day, his/her approval and specific directions must be provided to the school.

- Medication, both prescription and over-the-counter, must be brought to school in a container appropriately labeled by a pharmacist or physician.
- Labels must include:

Name of student	Name of medication and Dosage
Time to be given	Physician's name

The student is permitted to carry on his/her person an amount of this medication not to exceed one day's dosage. The only medications exempt from this policy are insulin and inhalers, which may be carried in multiple doses.

THIS FORM MUST BE COMPLETED AND SIGNED BY THE PHYSICIAN AND THE PARENT/GUARDIAN FOR ANY MEDICATION TO BE TAKEN IN SCHOOL.

Name of student Grade _____

Medication Dosage Amount to take in school

Possible Side Effects and Action to be taken

Diagnosis/Reason for taking medication

I have read and agree with the above medication policy.

Physician signature Date _____

Parent/Guardian signature Date _____

This request and certification expire at the end of the current school year.

School use only: The student demonstrates appropriate knowledge and skill to carry and use this medication: YES NO

School nurse _____ Date _____