MEDICATION REQUEST FORM

Please note: This form must be completed and signed by the parent and the student's Licensed Healthcare Provider-with prescriptive authority. This form is for both **prescription** and **nonprescription** medication. **Complete a separate form for each medication.** All medication must be transported to and from the school by a responsible adult.

PARENT REQUEST

Student Name:	**School:**
I certify that I am the parent, legal guardian, or other person in legal control of the above identified student and request and authorize the school to dispense medication to the above identified student in accordance with the prescription or doctor's instructions for the period commencing:	
Start Date:	**Termination Date:**
In the event of half-day school schedule, I want my child to take his/her medication at school:	YES ☐ NO ☐
Date: **Home Phone:**	**Work Phone:**
Parent Signature:	

LICENSED HEALTHCARE PROVIDER REQUEST

Medication:
Administration Schedule:
Reason for Medication:
Further Instructions (possible reactions, etc) this section must be completed if medication is to be dispensed for more than 15 days:
I request and authorize that the above named student be administered the above identified medication in accordance with the instructions indicated above for the period commencing: **Start Date:** ______________ **Termination Date:** ______________
as there exists a valid health reason which makes administration of the medication advisable during school hours or during such time that the student is under the supervision of school officials.
Date: **Office Phone:**
Licensed Healthcare Provider Signature:
Name (please print):

MEDICATION ORDER
This record must be retained for eight (8) years.

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Office of Education
Upper Columbia Conference
of Seventh-day Adventists

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MEDICATION LOG

Student Name:	Birthdate:	Grade:
Name of Medication:		Initial Pill Count:
Dosage:	Time to be given:	

DATE	TIME	# of Pills Given	COMMENTS	INITIALS

PERSON DISPENSING MEDICATION

Name (please print):	Initials:
Name (please print):	Initials:
Name (please print):	Initials: