

## MEDICATION FORM FOR MIDCOAST AREA SCHOOLS

1. Medication must be in the original container, properly labeled with the name of the student and dosage.
2. Students may NOT transport medication to school.
3. Antibiotics prescribed 3 times each day will not be given at school unless specifically requested by a physician.
4. All medication will be given at lunch time unless otherwise specified.
5. Students with allergies or asthma may carry and administer their own medication if indicated by physician.

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I am aware that there may not be a registered nurse in each school. The student named below is in need of medication during regular school hours in order to maintain his/her health. If a nurse is not available, I request that non-medical personnel give the medication.

**This information may be shared on a need-to-know basis.**

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN

1. Student's name \_\_\_\_\_ Grade \_\_\_\_\_
2. Medication \_\_\_\_\_
3. Reason for Medication (**optional**) \_\_\_\_\_
4. Dosage \_\_\_\_\_
5. Time to be given \_\_\_\_\_  
(all medications will be given at lunch time unless specified otherwise here)
6. **Any special instructions** \_\_\_\_\_
7. Duration of medication \_\_\_\_\_
8. Significant side effects \_\_\_\_\_

Name \_\_\_\_\_ has shown the knowledge and skills necessary to carry and administer their own inhaler and/or epi-pen. YES [  ] NO [  ]

Physician's Signature \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

Adopted: November 10, 2009