

Saint Charles R-6 School District

PRESCRIPTION Medication Form for GRADES 5-12

Building:	Phone:	Fax:	<u> </u>	
Contact:				
ADMINISTRATIVE PROCEST he giving of medicines by the nurse, processed to be given on an alternative schedule. Processed to be given on an alternative schedule. Processed to be given on an alternative schedule. The student and e) date purchased. The student such as a physician, dentist, orthodontist,	DURES FOR GIVING principal or designees rescription medicines we b) name of medicine on t's authorized prescrib	shall be restricted to necessary vill be in the original pharmacy/pe) dosage and administration schoer is a medical professional with	medicines that cannot prescriber labeled edule d) prescriber's a prescriptive authority	
The following form must be com Medication will be provided in the labeled container so you can have Prescription pills brought to school the number of pills sent to school. Medicine will be permitted in the	pleted, signed and date ne original container ap e one for school and or ool by a student must ha l. The pills must be tak e school or administere	propriately labeled. Note: ask to the for home. Ave a signed and dated note from the ten to the clinic by the beginning d in the school ONLY in accordance.	the pharmacist for an extra a a parent/guardian stating g of classes that day. ance with this procedure.	
Student's Name:		Date of Birth:	Grade:	
TO BE COMPLETED BY PHYSICIAN:				
Medicine, dose and route:				
Time/interval to be given:		Start date	Start date:	
Known Drug Allergies:		Discontinu	Discontinue date:	
Possible Side Effects to be observed:				
Diagnosis/Indication for use: (Signature of parent/guardian or independent s	tudent below gives permis	sion to release this information.)		
I request that the St. Charles School District a	administer this medicine	to this student.		
Printed Name of Physician	Signature of Physician	Da	ıte	
Address of Physician		Phone Number	of Physician	
TO BE COMPLETED BY PARENT/GUARDIAN: I request that the St. Charles School District's also give permission for the authorized presschool. I understand that the nurse has the right validity of any medication order. I also undoes not meet the criteria established by Nurse will inform school personnel of any change request for any change of this medicine must	criber to release the requirements of the condition of the requirements of the crip of the	ared information for safe administral ation order he/she deems potentiall that of the nurse to refuse to give any and a Charles School District. Change in medication and understa	child. tion of this medicine at y inappropriate, and to verify medicine that he/she feels	
Parent/Guardian Signature	Date Home F	Phone Work	z Phone	