

**GREAT MEADOWS REGIONAL SCHOOL DISTRICT
SCHOOL ADMINISTRATION OF MEDICATION FORM**

The Great Meadows Regional School District requires that students receiving medication at school provide the following:

1. Written consent from the parent/guardian.
2. Written orders from the physician to administer medication at school.
3. Medication must be delivered to the school by the parent/guardian in the original, labeled container. Any remaining medication must be picked up by the parent or a responsible adult. Unclaimed medication will be discarded at the end of the school year.

TO BE COMPLETED BY THE PHYSICIAN

Name of student: _____

Diagnosis: _____

Name of medication: _____

Dosage, time and route of medication: _____

Medication needs to be administered on field trips? _____ Yes _____ No

Start Date: _____ Finish Date: _____

Possible Side Effects: _____

Physician (please print or stamp): _____ Phone: _____

Date

Signature of Physician

TO BE COMPLETED BY THE PARENT/GUARDIAN

I request that the school nurse administer the medication(s) listed above, as prescribed.

Date

Signature of Parent/Guardian