

**WEST ALLEGHENY SCHOOL DISTRICT
REQUEST FOR ADMINISTRATION OF MEDICATION
DURING SCHOOL HOURS**

The West Allegheny School District requests that medication be given at home during non-school hours. However, it recognizes that sometimes it is essential for medication to be administered at school. All medication MUST be in a pharmacy labeled container. The label must include the name and phone number of the pharmacy, the pupil's name, the physician's name, the medication, the currently prescribed dose, time of administration, and the Rx numbers. Additionally, a written order from the physician as well as written consent form the parent for administration of the medication is required.

Student's Last Name	First Name	Grade	Age
Physician's Name (print)		Phone	

I understand fully the directions that have been given to the school by the physician and agree to permit the school to administer this medication to my child. In consideration of the school district's agreement to use good faith efforts to properly administer this medication, the district is hereby relieved from liability for any failure to properly administer the same. I also authorize the school to contact said physician regarding this medication.

Date	Parent/Guardian Signature	Home Phone	Work Phone
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Name of Medication:	
Diagnosis:	
Dose:	Route:
If medicine to be given DAILY, at what time?	
If medication is to be given "WHEN NEEDED," describe indications:	
How soon can it be repeated?	
List significant side effects?	
Length of time this treatment is recommended:	

Other information: _____

Date: _____ Physician's Signature _____

MEDICATION RECORD: ADMINISTRATION-PHYSICIAN'S ORDER

School Year: _____

School: _____

Student: _____

D.O.B.: _____

Room: _____

Medication, Dose: _____

Route, Time: _____

Physician: _____

Physician's Address: _____

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
August																																
September																																
October																																
November																																
December																																
January																																
February																																
March																																
April																																
May																																
June																																

The following people have been oriented to the medication.

INIT.	NAME	INIT.	NAME	INIT.	NAME
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

CODES:

+ - Weekend

H - Holiday

A - Absent

N - None Available

(Chart Reasons)

F - Field Trip

D - Early Dismissal

W - Dose Withheld

O - No Show