

DOMINION SCHOOL FOR AUTISM
ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS
Summer 2008 and School Year 2008-2009

Parents/guardians of children requesting that a medication be administered during school hours by staff are requested to provide for the school:

- 1) the physician's order
- 2) a parental release
- 3) medication supplied in the original container (you may wish to ask for prescription medication to be divided in two bottles completely labeled — one for home and one for school.)

PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

I have prescribed the following medication for this student and request that dosages be given during child care hours:

Medication _____

Dose _____ Route _____ Time _____

For treatment of _____

Possible side effects _____

Special Instructions _____

Last date to be given _____

Other medications taken at this time _____

Medication ALLERGIES _____

Print physician's name _____ Phone _____

Physician signature _____ Date _____

PARENTAL REQUEST FOR ADMINISTRATION OF MEDICATION

- I request the medication specified above be given as prescribed.
- I give the school staff authority to communicate with the ordering physician about this medication.
- I release school personnel from any claims or liability connected with the reliance of this permission in the administration as prescribed of this medication at school.
- This student needs medication on field trips. Yes _____ No _____

Parent/Guardian signature _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

To promote safety for your child, medication information may be shared with school personnel working with your child and with emergency personnel, if they are called.