

**DOMINION SCHOOL FOR AUTISM
ADMINISTRATION OF MEDICATION DURING SCHOOL HOURS
School Year 2011-2012 and Summer 2012**

In order for prescription medication to be given at school, parents/guardians must provide:

- 1) The physician's order portion of this form signed by the physician
- 2) The parental release portion of this form signed by a parent/guardian
- 3) Medication supplied in the original container (you may wish to ask for prescription medication to be divided into two bottles completely labeled — one for home and one for school.)

PHYSICIAN'S ORDER FOR ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL

Student's Name: _____ Birth Date: _____ SS#: _____

Medication: _____

Dose: _____ Route: _____ Times to be given: _____

For treatment of: _____

Possible side effects: _____

Special Instructions: _____

Beginning Date: _____ Ending Date (if known): _____

Other medications taken at this time: _____

Medication ALLERGIES: _____

Print physician's name: _____ Phone: _____

Physician signature: _____ Date: _____

PARENTAL RELEASE FOR ADMINISTRATION OF MEDICATION

- I request that the medication specified above be given as prescribed.
- I give school personnel permission to communicate with the ordering physician about this medication.
- I release school personnel from any claims or liability connected with the administration of this medication at school as prescribed.
- I understand that I, as a parent, may request that this medication be discontinued, but I cannot order that it be given in any method, at any time, or in any dose different from what the prescribing physician ordered.
- This student needs medication on field trips. Yes _____ No _____

Parent/Guardian signature: _____ Date _____

Home Phone _____ Work Phone _____ Cell Phone _____

For the safety of your child, medication information WILL be shared with school and emergency personnel if deemed necessary for proper treatment of your child.

-

My child does not need medication administered during the school day.

Parent/Guardian Signature: _____ Date: _____