

Mounds Public Schools
Parental Request for Administration of
Prescription Medicines/Over the Counter

I request Mounds Public Schools to see that my child receives the medication I have supplied.

Prescription Medication: I understand that prescription medication must be in the container in which it was purchased and the name of the medication, dosage, times to be given, and physician's name must be printed on the container. I will obtain Standing Orders from the physician for my child should the nurse or designee request more detailed instructions.

Student Name: _____	Grade: _____
Date of Birth: ____/____/____ (Circle One) M or F	
Name of Medication(s): _____	
Prescribed Dosage: _____ Times to be given: _____	
Physician's Name _____ Physician's # _____	
Please complete a new form for each medication or if dosage/times of dosage change.	

Prescribe Treatment: I will obtain a Standing Order from my child's physician for the nurse to follow. The nurse has permission to contact the physician (listed below) if there are medical concerns about my child.

All medications should be taken directly to the nurse or office by the parent to be stored. NO medication will be administered without the completion of this form and signature of the parent or guardian.

I give permission to the school nurse or designee to administer any medication I have provided as instructed on the medication container and or administer treatment as prescribed in the Standing Orders from the physician.

HEALTH ISSUES
Does your child have any of the following? Please explain.
Major Health Conditions: _____
Allergies: _____

Father's Name: _____ Father's # _____

Mother's Name: _____ Mother's # _____

Emergency Contact #1-Name _____ # _____

Emergency Contact #2-Name _____ # _____

Parent/Guardian Signature _____ Date _____