

WEST SIDE CAREER AND TECHNOLOGY CENTER
School Health Services

Request for Administration of Medication

Medication should be given at home. If it is necessary to take medication during the school day, this form must be completed by a parent/guardian. A prescribed medication (such as an antibiotic), must also have a doctor's signature or note to be given during school. Parent/Guardian request and grant permission to WSCTC and school personnel(school nurse or substitute) to administer or supervise the self administration of over the counter medication and/or prescribed medication according to directions below. **Medication must be brought to school in the sealed package or properly labeled container. All medication must be kept in the nurse's office.**

Name of Student: _____ Grade _____

Name of medication: _____

Diagnosis for administration of medication: _____

Dosage: _____

Time scheduled for administration: _____

Duration of time for administration: _____

Physician's Signature: _____

Physician's Phone Number _____ Date _____

If student may carry and be responsible for an Epipen or Metered Dose Inhaler, please sign below:

Physician Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I do hereby release West Side CTC and its employees from any and all liability and claims whatsoever in connection with the administration of the above medication to my child.

Parent/Guardian Signature _____ Date _____

School Nurse Signature _____ Date _____