PL PEDIATRICS, PLLC.

MEDICATION REQUEST FORM

THE SCHOOL ASSUMES NO RESPONSIBILITY FOR NON-MEDICALLY PRESCRIBED MEDICATION OR MEDICATION ADMINISTERED BY THE PUPIL HIM/HERSELF

No medication will be administered unless:

1. There is a medication request form signed by a Physician/Nurse Practitioner yearly or when there is a medication change.
2. This form is signed by the parent and principal/designee of the school
3. The medication is presented by the parent/guardian to the school nurse, principal or designee.
4. The medication is in the original container.

STATEMENT OF PHYSICIAN/NURSE PRACTITIONER

TO BE COMPLETED BY Physician/Nurse Practitioner

Name of Student: ______________________________ Date of Birth: ________ Grade: ________

Address: ____

School: ____

Diagnosis: ____

Medication/Treatment required: ____

Dosage: _______________ Route: ______________________ Time/Schedule: ______________

Side effects, precautions, special instructions or comments: ____________________

____

I have examined the above child and determine that the above medication is medically necessary during school hours.

Physician/Nurse Practitioner Name: (please print) ____

Address: 4550 Empire Court Fredericksburg, Va. 22408

Telephone: (540) 361-1800 Fax: 540-361-1803

Physician/ Nurse Practitioner Signature: ____

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Statement of Parent/Guardian

To be completed by Parent/Guardian

I am unable to personally administer the above medication to my child and no member of my family or relative is able to do so. I request and hereby authorize, the school to administer the above medication as prescribed. I consent to the exchange of information between the Physician/Nurse Practitioner with the school nurse regarding the medication and treatment

___________________________ ___________________

Signature of parent/Guardian *Date*

______________________ ______________________ ______________________

Home Phone number *Work Telephone number* *Cell Phone number*

___________________________________ ____________

Principal/designee signature *Date*