

The Marshall School

REQUEST FOR MEDICATION/TREATMENT DURING SCHOOL HOURS

The Marshall School requires that if medications/treatments are to be taken by a student while he/she is in school or participating in school activities, the school MUST have the following information completed and on file:

1. A signed order from the health care provider, *renewed yearly*
2. A signed consent from the parent or guardian
3. The medication in the original pharmacy container

THIS APPLIES TO ANY MEDICATION, PRESCRIPTION OR OVER THE COUNTER.

All medication must be kept in either the school's administrative or health office. It is the responsibility of the student to come to the nurse for administration at the proper time. Student possession and self-administration of certain medications are permitted for conditions such as Diabetes, Asthma, and Allergy. More specific documentation from a licensed healthcare provider and supporting materials are required. Families should request an appointment with the school nurse and/or administrator in these cases. *Note: A separate form must be completed and signed by the prescribing healthcare provider for each medication.*

Part I: Medication/Treatment Authorization Order *(to be completed by the healthcare provider)*

Student's Name: _____ Grade: _____

Medication/Treatment: _____

Dosage, Frequency, Route: _____

Diagnosis: _____

Effective Dates: _____

Special Instructions, Side Effects, Comments: _____

Physician's Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Signature: _____ Date: _____

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Part II: Consent to Administer Medication *(to be completed by the parent or guardian)*

I hereby request and authorize The Marshall School personnel to administer medication/treatment as ordered by the health care provider, according to the directions provided. I authorize a representative of the school to share information/lab results regarding this medication/treatment with the above health care provider and school staff as necessary for the student's health and safety at school. I agree to release, indemnify, and hold harmless The Marshall School and any of its officers, staff members, or agents from lawsuit, claim demand, or action against them for administering medication to this student. I understand and agree to comply with the school's policies and procedures as stated on the back of this form and I have discussed this information child.

Parent/Guardian Signature: _____ Date: _____

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