EAST KNOX LOCAL SCHOOLS PHYSICIAN/PARENT REQUEST FOR ADMINISTRATION OF MEDICINE OR SPECIAL PROCEDURE BY SCHOOL PERSONNEL

Special health care procedures and medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are to be brought to the school by the parent.

Prescribed medication/treatment may be administered by a school nurse or by a non-health professional designate of the principal or administration. The medication should be brought to the school in the original container appropriately labeled by the pharmacy. Parents may request that the pharmacist dispense two bottles of medication, one for home and one for school.

Name of Pupil		Date of Birth	
Address		School Building	
Condition for which prescrib	ed treatment is required:_		
Specific medication or proce	edure:		
Dosage and method of adm	inistration/instruction (inclu	ude time schedule):	
Precautions, unfavorable rea	actions:		
Disposition of pupil following	administration or procedu	ure, if applicable, i.e., rest, h	ome, hospital, doctor's
office, or return to class			
Date of Request:		Date of Termination:	
Physician's Name (printed)	Physician's Signature		
Physician's Address	/		
RENT:			
			request that the
	/	Phone	
me	Relationship		Business
те	/_ Relationship	Phone <i>Home</i>	/ Business
ting and considers the studer	nt sufficiently responsible.	In addition, the physician s	hould list any precautions to
	Condition for which prescrib Specific medication or proce Dosage and method of adm Precautions, unfavorable rea Disposition of pupil following office, or return to class Date of Request: Physician's Name (printed) Physician's Address RENT: (I), the undersigned, the parabove medication or procedure in the process of the student in the	Condition for which prescribed treatment is required:_ Specific medication or procedure: Dosage and method of administration/instruction (incli Precautions, unfavorable reactions: Disposition of pupil following administration or procedution of fice, or return to class Date of Request: Physician's Name (printed) Physician's Address RENT: a (I), the undersigned, the parent(s)/guardian(s) of ove medication or procedure be administered to our (material procedure) Relationship TE: ascribed asthma inhaler may be kept by the student and ting and considers the student sufficiently responsible.	Address