

ST. JOSEPH SCHOOL, 416 CHURCH AVE., BOWLING GREEN, KY

**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 non-health professional designate of the principal. The medication should be brought to 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 _____ Birth Date _____

Address _____ School _____

Condition for which prescribed treatment is required: _____

Specific medication or procedure: _____

Dosage and method of administration/instruction (include time schedule): _____

Precautions, unfavorable reactions: _____

Disposition of pupil following administration or procedure, if applicable, i.e., rest, home, hospital, doctor's office, return to class.

Date of Request _____ Date of Termination _____

Physician's Name (printed) and signature _____

Physician's Address and Telephone Number _____

We (I), the undersigned, the parents/guardians of _____
request that the above medication or procedure be administered to our (my) child.

Signature & Relationship _____

Signature & Relationship _____