

## Highland Community Learning Center

### PHYSICIAN'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY HIGHLAND'S PERSONNEL

No medication that is prescribed by a physician for a student shall be administered to that student unless:

- a. The designated person receives a written request, signed by the parent, guardian, or other person having care or charge of the student, that the drug be administered to the student.
- b. The signed statement that is presented to the designated person shall include the following information:

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Address

Is under my care and should receive \_\_\_\_\_

\_\_\_\_\_  
Name of Drug, Dosage

The following times \_\_\_\_\_

Specific instructions for administration (if any): \_\_\_\_\_

Common or usual side effects to watch for (if any): \_\_\_\_\_

The date the administration of the drug is to begin: \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Phone Number where physician can be reached if emergency \_\_\_\_\_

Date \_\_\_\_\_

### PARENT'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY HIGHLAND'S PERSONNEL

I hereby request and give my permission to the director or a delegate to administer the following medication to my child.

Name of Child \_\_\_\_\_

Name of Drug \_\_\_\_\_

Dosage \_\_\_\_\_

Administer at the following times: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

Phone of Parent/Guardian \_\_\_\_\_