



Health Care Provider's Order for Prescription Medication Given in School

Note to parent or guardian:

- It is the policy of BCSD to maintain a signed order for each medication that school personnel are asked to dispense during school hours.
 - This form must be completed annually or when changes occur and returned to your child's school before any medications can be given.
 - The medication must be sent to school in its original container.
 - Medication must be up to date. Expired medications will be properly disposed.
- BCSD Policy 561 Administering Medications

Student's Name: _____ Date of Birth: _____

School: _____ Grade: _____ Teacher: _____

To be completed by the Health Care Provider:

- Diagnosis (or reason for medication): _____
- Name of Medication: _____
 - Form of medication/treatment:
 - Tablet/capsule Liquid Inhaler Injection Nebulizer Other
 - Instructions (Schedule and dose to be given at school):
 - Restrictions and/or other important side effects:
 - None anticipated
 - Yes. Please describe: _____
 - Storage requirements: None Refrigerate Other: _____

Health Care Provider Name: _____ Phone #: _____

Health Care Provider Signature: _____ Date: _____

To be completed by parent/guardian:

I give permission for the nurse or nurse designee to administer the above medication to my child as prescribed.

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Signature: _____ Date: _____

Self-Administered Medication

Self-administered medication only includes epinephrine auto-injector, a metered-dose inhaler or a dry powder inhaler or insulin prescribed by a physician and having an individual label.

- This student is both capable and responsible for self-administering this medication.
 - No Yes - Supervised Yes - Unsupervised

- Because of the need for immediate access by this student, this medication should:
 - Kept in the school office
 - Kept with the student-Location (backpack, pencil bag etc): _____

Parent/Guardian Signature: _____ Date: _____