

**Shawe Memorial Jr/Sr High School**  
**Request to Administer Prescription/Non-Prescription Medications**

Notice to Parents/Guardians:

Whenever prescription or non-prescription medication is to be taken at school, this form must be completed and signed.

**Prescription Medication must be sent in the original pharmaceutically-dispensed and labeled container with instructions for administration.**

**Non-Prescription Medication must be provided in the original, sealed bottle purchased from the store. Open bottles/loose pills are not acceptable.**

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

Grade: \_\_\_\_\_ Physician: \_\_\_\_\_

Medication Name (**EXACTLY AS ON THE BOTTLE**): \_\_\_\_\_

Reason Medication is to be taken: (be specific-include diagnosis) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dosage: \_\_\_\_\_ Rx Number: \_\_\_\_\_

Route of Administration: Circle One                      **by mouth**    **In eye**    **In ear**    **In Nose**

Time Medication is to be taken & additional instructions:

\_\_\_\_\_  
\_\_\_\_\_

Any known side effects student may have? \_\_\_\_\_

Start Date Prescription Medication is to be taken: \_\_\_\_\_ Number of Days \_\_\_\_\_

I hereby request that \_\_\_\_\_ (student's name) take the above medication at school and that the school designee administer the medication. I understand that it is my responsibility to furnish this medication and proper instruction for administering the same. I further understand that any school employee who administers this medication to my child shall not be liable for damages as a result of the request, and I shall indemnify and save harmless school employees against any claims for such damage.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please include a copy of this form in a zip lock bag with sealed medication bottle\*\***