REQUEST TO ADMINISTER MEDICATION 2025-2026

If your child is needing to take medication (prescription/non prescription) during the school day, the parent/guardian must complete this request form and turn it in to Ms. Hall or Ms. Wallace. If the medication is prescribed by a Physician, you must provide a written prescription from the child's physician or the current pharmacy label with the request. A physician's order is also necessary for prescription samples that may have been provided to the student, or for any over the counter medication that is NOT recommended for children under the age of 12.

PARENT/GUARDIAN AUTHORIZATION

I request that the medication described below be administered to my child at the times specified during the school day. I will give the nurse the medication in its original container or current prescription bottle.

I understand that a parent/guardian will transport all medication to and from Phalen Academy 48. MEDICATIONS MUST BE PICKED UP BY THE LAST DAY OF SCHOOL, OR MEDICATIONS WILL BE DISCARDED.

I understand that a separate form must be completed for each medication. This request is in effect for one school year and must be renewed annually or whenever there is a change in medication.

I understand that this medication will be administered to my child only by authorized staff members and will be kept in a secure location within the school nurse clinic.

Student's Name (Please print)	Grade	Teacher
Name of medication	Prescribed ☐	Over-the-counter ☐
Amount of medication to be given	_____am	_____pm Time(s) to administer
Amount of medication to be given	Reason for medication	
Signature of Parent/Guardian	Date	
Printed Name	Primary phone#/Secondary phone#	