



## MEDICATION FORM -- LONG TERM

In order for medication to be given to your child in school on a long term basis (more than 2 weeks) the following form must be completed by both the parent and the physician and returned to the school nurse. This includes as needed medications such as albuterol inhalers. If a student will be self-carrying an inhaler, a separate permission form must be completed. The original prescription bottle or box must accompany medication and medication form must be renewed annually. Medication cannot be given without this completed form on file.

I authorize the school to give the following medication under my physician's directions.

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

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

\_\_\_\_\_  
Date

.....

### Doctor's Orders

I request that the following medication be administered to my patient as directed.

Patient's name: \_\_\_\_\_

Medication to be given: \_\_\_\_\_

Dosage of medication: \_\_\_\_\_

Time medication is to be given at school: \_\_\_\_\_

Possible side effects: \_\_\_\_\_

Duration of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Medication can be self-carried and self-administered in the event of an off-site school sponsored activity:  Yes  No

I, as physician of \_\_\_\_\_, assume responsibility for medication given and do so direct it to be given.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date