

THE NEWGRANGE SCHOOL
REQUEST FOR ADMINISTRATION OF MEDICATION IN SCHOOL

SECTION 1 - STUDENT INFORMATION	
Student Name: _____	DOB: _____
Homeroom Teacher: _____	Grade: _____
Parent Name: _____	
Daytime Phone #: _____	Alternate #: _____
List student's allergies: _____	
List other medication student is taking: _____	
Diagnosis: _____	
SECTION 2 – MEDICATION INFORMATION	
1. Name of Medicine: _____	
2. Dose: _____	Time(s) to be given: _____
3. Route: <input type="checkbox"/> Orally <input type="checkbox"/> Inhaled <input type="checkbox"/> Injected <input type="checkbox"/> Other: _____	
4. Start Date: _____	End Date: _____
<small>MEDICATION MUST BE SUBMITTED TO THE SCHOOL NURSE BY THE PARENT/GUARDIAN (ADULT) IN THE ORIGINAL PHARMACY LABELED CONTAINER.</small>	<small>MEDICATION MUST BE PICKED UP AT THE END OF THE SCHOOL YEAR OR BE DISCARDED.</small>
SECTION 3 – CONSENT	
Medications should be administered at home whenever it is possible.	
The nurse may administer medications in the health office when it is necessary to support student health and safety in school.	
Date: _____ Physician Signature: _____	
Physician Name (Stamp/Print): _____	
I request the nurse administer the above medication	
Date: _____	Parent/guardian Signature: _____
Printed Name: _____ Relationship: _____	
<i>REQUEST TO ADMINISTER MEDICATION TERMINATES AUTOMATICALLY AT END OF SCHOOL YEAR.</i>	
Please return this form to: Betty Anne Nixon, MSN, RN, CSN, FN-CSA, SANE-P, CF-L1	
Phone: 609-584-180 ext 229 Fax: 609-584-6242 or 609-584-6166	