Box Elder School District
Dr. Ron Tolman, Superintendent
O. Jay & Tamra Call Education Center
960 South Main Street
Brigham City, Utah 84302

REQUEST FOR ADMINISTRATION OF MEDICATION
PRESCRIPTION

STUDENT INFORMATION

Student Name: ________________________________ Birth date: ____________________

School/Location: ________________________________ Grade/Teacher: ________________

Parent/Guardian Name: ___________________________ Phone Number: ________________

MEDICATION INFORMATION

Prescribing Physician: ___________________________ Phone Number: ________________

Medication Name: ______________________________ Dosage: ______________________

Route Medication is Given: ________________________ Time Given: ___________________

Possible Side Effects: ____

PARENT/GUARDIAN REQUEST AND AUTHORIZATION

I, the undersigned, request and authorize the school nurse, secretary, or alternate school personnel to administer medication as prescribed by the student's physician. I request and authorize the release of information between the school, the school nurse, and prescribing physician pertinent to the student's condition. I understand that a new request is to be processed should there be a change in authorization or physician's orders.

_______________________________________ _______________________________

Signature of parent or legal guardian *Date*

PHYSICIAN'S SIGNED STATEMENT

It is medically necessary for _______________________ to be given the following medication at school:

Medication: ___________________ Dosage: ________________ Time: ____________

_______________________________________ _______________________________

Physician Signature *(must have signature or a copy of the prescription attached)* *Date*

SCHOOL NURSE SIGNATURE

Form reviewed and complete by __________________________, RN, Box Elder School District Nurse.

_______________________________________ _______________________________

School Nurse Signature *Date*

Office of the School Nurses
Phone: 435-734-4800
Fax: 435-734-4833
Web: www.nurses.besd.net