

info@abischool.com www.abischool.com

Request for Administration of Medication

Complete this form if child requires special medication

Student name:		Grade:
Does the child take any special	medication? • Yes	o No
If yes, name of medication:		
Start date:		End date:
Storage of medication (refriger	ration, etc.)	
Additional instruction (e.g. em	ergency procedures):	
Other information:		
This written con	sent form is required in or One form is required p	rder to administer any medications. per medication.
Medications mu	ist be in their original pac	kaging or pharmacy labeled bottle.
Parent's name	Parent's sign	nature Date

Parents' Guide - Medication

Medication (including Tylenol, Aspirin, and other over-the-counter medications) will NOT be administered by the school unless directed by a doctor AND this form is completed and duly signed by the parent.

More copies of this form are available at the school or online at www.abischool.com.

- Medication will be given to the school office administrator in the original packaging or pharmacy labeled container, marked with the student's name, time to be taken, and the name of the drug.
- Over-the-counter medication cannot be left at the school to administer when needed.
- Non-prescription medications follow the same policy as prescription medication and require the same form.
- Non-prescription medications will only be used to treat a certain condition for a limited time.
- Students are not permitted to carry their medications, including inhalers for asthma.
- Except for minor scrapes and bumps, parents will be contacted whenever a child is injured.
- Parents will be requested to come and take a child home whenever he/she becomes ill at school, shows signs of illness, or is thought to be ill.
- Parents must come into the school office and sign the student out if he/she leaves early for illness, injury or medical appointment.
- In the event of a more serious injury, an ambulance will transport your child to the hospital and you will be notified immediately.