OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

PARENT’S REQUEST FOR MEDICATION ADMINISTRATION
(PLEASE COMPLETE A SEPARATE FORM FOR EACH MEDICATION)

Student’s Name _________________________________ Grade ___ Teacher ________
Medication _______________________
Dose ________ Time(s) ______ and ______
Start Date ___________________________ End Date ___________________________
Reason for Medications ____________________________________________________

Changes: 1) _________________________ 2) _________________________
Date: ___________ Initials: ________ Date: ________________ Initials: _______

Do you want medication given on field trips? Yes _____ No _____
Do you want your child called out of class if medication is forgotten? Yes ____ No_____
Additional Comments _____________________________________________________

Medication must be properly identified and delivered directly to the school by an adult in
order to be safely administered.

Prescription medication should be accompanied by a written doctor’s order and be in an original
pharmacy container which identifies student, medication, dosage, time of administration, duration
date, and physician’s name.

Over the counter medication, in its original container, should be labeled with student’s name,
time to be administered, and parent written permission.

All student medications are to be kept in the nurse’s office. Inhalers, insulin for insulin pumps,
and single dose emergency medications may be carried by a student if the student’s
physician/primary health provider provides a written order stating a medication may be kept with
the student in the event of a medical emergency.

I understand that a new request must be filed each school year. By signing this statement, I
hereby agree to indemnify and hold harmless The Oyster River Cooperative School District, its
agents, and employees from any and all liability as a result of this authorization.

Signature of Parent/Guardian _________________________________ Date ___________

Please Return to your school nurse: FAX #: ORHS=603-868-1355, ORMS=603-868-3469,
MOH=603-742-7569, MW=603-659-8612