Hickory County R-1 Schools
*** Skyline ***
Phone: (417) 993-5851 Fax: (417) 993-5851

Medication Administration Order Form

Student Name: ____________________ **DOB:** ____________

SECTION 1 – PRESCRIBER INFORMATION

1. Prescriber's Name: ____________________

2. Title: ☐ MD ☐ DO ☐ NP ☐ PA ☐ Other: ____________

3. Business Phone: ____________ **Fax:** ____________

SECTION 2 – MEDICATION INFORMATION

Whenever possible, please schedule medication outside of regular school hours

1. Child's Diagnosis: ____________________

2. Medication Name: ____________________

3. Dose: ____________ **Frequency:** ____________

3. Route: ☐ PO ☐Inhaled ☐ IM ☐ SC ☐ Other: ____________

4. Additional directions or instructions for administration (please include PRN instructions/parameters): ____________________

5. Side Effects of which school staff should be aware (please list): ____________________

6. Start Date: ____________ **End Date:** ____________

7. Other medications student is taking: ____________________

8. Self carry/administration of *EMERGENCY* medications (i.e. rescue inhalers, epi-pens, etc) may be authorized by the prescriber and MUST also be approved by the school nurse. If this order is for an *EMERGENCY* medication, can student self carry/administer the medication?
❑ YES ❑ NO

Date: ________ **Prescriber's Signature:** ____________________

SECTION 3 – PARENTAL CONSENT

I hereby request and give my permission for school personnel to administer the prescribed medication listed above and provide emergency treatment to my child. I give permission for the School Health Office to contact my child's health care provider should any further information regarding this medication be necessary. I assume full responsibility for providing the school the prescribed medication needed by my child. I agree to notify the school if changes in my child's condition and/or medication regimen occur. I agree to allow the information listed above to be shared with the adults responsible for my child's care.

Parent/Guardian Signature: ____________________ **Date:** ____________

Revised 8/2012