

REQUEST FOR ADMINISTRATION OF MEDICATION DURING SCHOOL

Broken Arrow Public Schools
Health Services Department

Dear Parent/Guardian:

Every effort should be made to administer medication at home, as it does represent a disruption in the student's school day. However, if your physician feels that it is necessary, please submit this completed form before medication is sent to school. **A new form must be filled out for each change of medication and for each new school year.** BAPS policy does not permit administration of prescription medication during the school day, except by written directions from the physician and parent/guardian. All prescription medication will be administered by the school nurse, or other individual designated to administer medications for BAPS.

I request the school nurse, or other designated person, to administer the medication as prescribed below by my physician.

Effective Date _____

Student's Name _____ DOB _____ Phone # _____

School _____ Grade _____ Teacher _____

Signature _____ Relationship _____

TO BE COMPLETED AND SIGNED BY PHYSICIAN:

Effective date _____ Student Name _____

Diagnosis _____ Medication _____

Dosage & time to be administered during school day _____

Side Effects: To Report _____

To Expect _____

Comments: _____

Physician Name (**print**) _____ Today's date _____

Physician signature _____

Phone # _____ Fax # _____

Please return by _____ and may fax back to the health office @

_____.