

**TrekNorth Junior & Senior High School
Medication Form**

Student Name/Grade: _____

Parent/Guardian: _____

Phone: _____

Prescription Medication:

Parent Request for Administration of Prescription Medications

_____ I request this prescription medication to be given as prescribed by the doctor.

Parents/guardians of students requesting prescription medications to be given to their child during school hours by school staff are required to provide the school with the following:

1. The doctor's order (one of the following meets the requirement).
 - Note from doctor
 - Copy of the prescription
 - Order section of this form filled out by doctor
2. Written parent consent for school to give medication to their child.
3. Medication supplied in the original pharmacy labeled bottle.

Physician Order (copy of prescription may be attached to this form)

I have prescribed the following medication for this child and request it be given during school hours.

Medication: _____

Dosage/Time: _____

For Treatment of: _____

Special instructions/possible side effects: _____

Physician Signature: _____

Date: _____

(non-prescription medicine on back)

NON-Prescription Medicine:

Parent Request for Administration of Non-Prescription Medications

_____ I request this non-prescription medication to be given to my child.
(Please enclose the medication in the original manufacturer's package labeled with your child's name.)

Name of Mediation:

Dosage and Time:

For Treatment of:

How long to be given:

_____ I give TrekNorth permission to administer the following medicine to my child as needed:

_____ acetaminophen

_____ ibuprofen

Parent/Guardian Signature: _____

Date: _____

New Forms must be submitted each school year. Medications will be administered by authorized staff member.