

**COVINGTON INDEPENDENT PUBLIC SCHOOLS
ADMINISTRATION OF MEDICATION FORM**

Medication should be administered by parent/guardian before or after school when possible. Medications to be given at school must be accompanied by this form signed by the physician and parent.

Student's Name: _____ Date of Birth: _____

Name of Medication: _____ Form of Medication _____

Prescribed Dose: _____ Time Administered: _____

Reason for Medication: _____ Start Date: _____ End Date: _____

Possible reactions or side effects: _____

<p>For Self Administration: To be completed for asthmatic, diabetic or severe allergy ONLY. This student has been trained on self-administration of this medication: YES NO Student may carry medication: <input type="checkbox"/> YES <input type="checkbox"/> NO Requires Supervision: <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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Physician's Signature Physician's Name (please print) Date

Address Telephone Number

Parent Permission

I give my permission for _____ to receive the above medication at school according to standard school policy and expressly waive any liability on behalf of the school as a result of administration of the above medication. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication to enable the physician's orders to be followed. I further agree to deliver the medication to school and to notify the school if the medication or dosage is changed or eliminated. I approve any changes in dose made directly to the school by the above physician.

I understand that school officials may need to contact the above named physician if additional information is needed. I hereby authorize release of any needed information from the above named physician regarding this medication.

In case of a field trip, slight adaptations to the time of the medication administration may be necessary.

The medication is to be given at school at the following time(s): _____

Parent/Guardian Signature Telephone Number - home and work or cell

Emergency Contact Date

No medication including aspirin, Tylenol or cough syrup will be given without a physician's order.

Any changes in dosage or time given requires a new physician's order.

Medications MUST be transported to and from school by the parent/guardian.
Medications MUST be in the original medication container from the pharmacy.