



ADMINISTRATION OF PRESCRIPTION MEDICATIONS DURING SCHOOL HOURS (SHORT TERM/FIELD TRIP); PARENTAL REQUEST

Health Services
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
P: (907) 746-9200

Teacher: _____

Most medication that is prescribed three (3) times a day can be given at home before the student comes to school, after school, and again at bedtime, unless it is time sensitive. If it is time sensitive the second dose can be given at school if the proper documentation is obtained.

Medication that is prescribed four (4) times a day can be given at school by the school nurse if this form is completed and on file in the nurse's office and the medication is brought in as described below.

This form covers only medication which is to be administered for 2 weeks or less.

All medications to be administered must follow Medication Policy MSBSD NURSE MANUAL Sect. II/pg. 10.

Student Name:	Date of Birth:	Name of Medication:
Dose:	Time:	Route:
Healthcare Provider:	Phone #:	Other:

I understand that **only an employee of the Matanuska Susitna School District can administer field trip medications.**

I hereby give my permission to the school nurse or designated person to give medication to my child according to the directions stated above and on the prescription label. I understand that my directions cannot deviate from the instruction on the prescription label.

I further give permission to the school nurse to contact my child's health care provider if necessary regarding this prescription. I agree to notify the school at the termination of this request or when any changes in the above orders are necessary.

Date

Parent/Guardian Signature

Date

School Nurse Signature

Medication Administration Record (for school use only)

Date						
Time						
By						

Printed name of person administering: _____ Initials: _____
Title: _____

Printed name of person administering: _____ Initials: _____
Title: _____