

Lake Havasu Unified School District No. 1

**MEDICATION ADMINISTRATION  
TO STUDENTS**

Request for giving Medicine at School

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Medication \_\_\_\_\_ Route \_\_\_\_\_

Dosage \_\_\_\_\_ Time \_\_\_\_\_ A.M. Time \_\_\_\_\_ PM

Diagnosis/reason for giving \_\_\_\_\_

\_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

Comments \_\_\_\_\_

\_\_\_\_\_

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure and disciplinary action.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

A signed physician's statement indicating the necessity must accompany any request for self-administration of medicine, whether it is prescription or over-the-counter medicine except in the case of medication for diagnosed anaphylaxis and breathing disorders requiring handheld inhaler devices. In these cases the student's name on the prescription label is sufficient for the physician's recommendation.