

**Laveen Elementary School District Medication Administration Form
2018-2019**

Student's Name: _____ Birth Date: _____

Today's Date: _____ Teacher: _____ Grade: _____

Medication Name: _____

Dose: _____ Route: (circle one) by mouth inhaled drops topical by g-tube injection

Time to be administered: _____ Dates to be administered: _____

Condition for which medication is required: _____

Administration instructions: _____

Half-day instructions: _____

Special instructions: _____

Precautions/Side effects: _____

Physicians Name: _____ Phone: _____

This form must be completed and signed by the parent or legal guardian. A new form is required each time the medication or dosage is changed. All prescription medication must be in the original container with the pharmacy label intact. All non-prescription medication must be in the original container with the name of the medication and the dosage information clearly legible. It is recommended that the first dose of a new medication be given at home. A parent or designated adult must transport medication; students are not allowed to carry/transport medication.

My signature below indicates that I request that LESD staff administer the medication specified above to my child, and I am giving permission for LESD staff to contact the physician for additional information, if needed.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____