Parents' Request to Administer Medication at The Laradon School

The undersigned legal custodian requests that Laradon staff administer or supervise administration of medication or a procedure as ordered by an authorized prescriber, effective for the current school year. Medication must be prescribed by a licensed physician, dentist, or other authorized prescriber, and furnished by the parent/legal custodian in a pharmacy-dispensed or original over-the-counter container labeled with the student's name, medication name, dosage, and administration time.

By signing, I authorize Laradon personnel to contact the authorized prescriber to clarify any written order. Non-emergency medication (prescription and over-the-counter) is kept in a locked area of the school and administered according to the prescriber's written order/treatment plan and this parent permission.

Student Name: _____ Date of Birth: _____

_____ _____

Legal Custodian Signature Date

Authorized Prescriber's Signed Order

Medication Name: _____

Medication Dosage: ☐ mg/tablets/chewable/capsules/liquids/ampules ☐ Inhaler – puffs to be given: _____

Route: ☐ Oral ☐ Topical ☐ Rectal ☐ Inhaled/Nebulizer ☐ G-tube

Procedure: ☐ G-Tube Feeding ☐ Catheterization ☐ Pulse Oximetry ☐ Other: _____

Time to be given: _____ Prior to exercise? Y / N May be repeated every: _____

Special instructions:_____

Start Date: _____ Stop Date: _____

Purpose: _____

Possible side effects:_____

Other comments:_____

_____ _____

Authorized Prescriber Printed Name Authorized Prescriber's Signature

_____ _____

Date Office Address / Phone