



# Saint Kilian Parish School

## Private Physician Request for Administration of Medication during School Hours

We, the parent/guardian of \_\_\_\_\_, are requesting that the following medication you have prescribed be available for our child during the school day. It is the school's request that medication be given before or after the school day when possible. However, if it is essential that this medication be available during school hours, we are asking that you complete the following information. Please be aware that a school nurse is not available to assess our child's need for this medication, and that this medication will be administered by the principal or their designee according to your guidelines below.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Parent Name

	#1	#2
Name of Medication		
Dosage		
Route of Administration		
Medication should be administered when...		
Side Effects		
If medication is administered, the following should occur...(i.e. hold P.E. class)		
Is the student capable of self administration?	YES      NO	YES      NO

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Physician Name

\_\_\_\_\_  
Phone