Health Office Fax: 262-752-2661

THE PRAIRIE SCHOOL

The Prairie School
Prescription Medication Request

Student Name _____ Date of Birth _____/_____/_____ Grade _____
m d y

Student's Address _____ Daytime Phone _(_____)_____

PRESCRIBER AUTHORIZATION

I authorize the administration of the following medication(s) to the student named above. I agree to be contacted by The Prairie School as needed regarding the medication.

_____ _____ _____
Name of Medication **Dose** **Time(s) to Administer**

Administer for: Full School Year: _____ From _____ to _____

Reason medication given at school: _____

Side effects or contraindications: _____

If PRN, indications for use: _____

If PRN, actions after administration (if needed): _____

_____ _____ _____
Name of Medication **Dose** **Time(s) to Administer**

Administer for: Full School Year: _____ From _____ to _____

Reason medication given at school: _____

Side effects or contraindications: _____

If PRN, indications for use: _____

If PRN, actions after administration (if needed): _____

SELF-ADMINISTRATION: For ***inhaler or epi-pen use only*** and in accordance with Prairie School Policy:

____ The student is knowledgeable about their medication and its proper use. It is my professional opinion that he/she should be allowed to carry and use this medication by him/herself.

____ It is my professional opinion that this student should **not** carry and use this medication by him/herself.

_____ _____ _____
Date **Signature of Prescriber** **Prescriber's Name (Printed)**

PARENT / GUARDIAN AUTHORIZATION

I, the parent / guardian of the above named student, request the medication(s) listed above be given at school. I will notify the school in writing if there is a change or cancellation of the medication. The Prairie School has my permission to contact the prescriber about this medication. I authorize the release of information to appropriate school personnel and classroom teachers.

If this medication is an inhaler or epi-pen, is the student authorized to carry and self administer in accordance with The Prairie School policy? Yes _____ No _____

Parent / Guardian Signature:_____ Date: _____