

Cape Elizabeth School Department  
Request/Permission to Administer Medication in School

**For Parent/Guardian**

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade/Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_ Pharmacy: \_\_\_\_\_

Prescribing Health Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Y/N Please administer this medication to my child on early dismissal days.

Y/N Please administer this medication to my child on field trip days.

At the end of the school year, last day of student's enrollment, or date medication expires, I choose the following method of medication disposal:

- \_\_\_\_\_ Parent will remove medication from school.  
\_\_\_\_\_ School nurse may dispose of the medication.

I give permission for this medication to be administered by the school nurse or trained unlicensed assistive personnel designated by the principal as allowed by law. I further give permission for the school nurse to contact the prescribing health care provider to share information related to this medication, the medication administration schedule, and/or effects of this medication on my child's learning.

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Telephone Home/Work/Cell

**For Prescribing Health Care Provider**

Medication/Dosage: \_\_\_\_\_ Time(s) to be Administered: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Possible Side Effects & Safety Procedures: \_\_\_\_\_

Health care provider signature is required for any prescription or over the counter medication. A prescription medication label may be used in lieu of a written order if the medication is to be given for 14 consecutive days or less. The school nurse will obtain the health care provider signature as needed.

I give permission for this medication to be administered by the school nurse or trained unlicensed assistive personnel designated by the principal as allowed by law.

Provider Name: \_\_\_\_\_ Provider Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Pond Cove Health Office | Phone (207) 799-7339 x3113 Fax (207) 799-8171**  
**Middle School Health Office | Phone (207) 799-8176 x5145 Fax (207) 767-0832**  
**High School Health Office | Phone (207) 799-3309 x421 Fax (207) 767-8050**