THE PRAIRIE SCHOOL

Please submit to the Health Office
P: 262-752-2660 • F: 262-752-2661
E: healthoffice@prairieschool.com

Prescription Medication Request

Student Name _____ Date of Birth_____/_____/_____ Grade _____

Student Address _____ Parent/Guardian 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: ☐ Specific Dates: ☐ From _____ to _____

Reason medication given at school: _____

Side effects: _____

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: ☐ Specific Dates: ☐ From _____ to _____

Reason medication given at school: _____

Side effects: _____

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 ☐

_____ _____
Date | Parent/Guardian Signature