

**Franklin County Schools**  
**Parent Request and Physician's Order Form**  
**(for medications at school)**

**To be completed by parent**

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ School \_\_\_\_\_

I request that my child be administered the medication as indicated in the physician's order below. I understand that non-medical personnel conduct the administration. If an emergency injection is ordered, I give permission for the school nurse to instruct designated staff in the administration technique.

I also understand that according to the Franklin County Policy 6125, it is the responsibility of the parent or guardian to deliver the medication to the school and that the medication is within a container properly labeled by a pharmacist with identifying information. The parent or guardian must provide a new container with appropriate labeling when medication changes are made and remove the medication from school premises when discontinued by the licensed health care provider or no later than the third day after the last student school day. If medication is not picked up, it will be discarded by the school nurse.

I authorize the release and exchange of medical information between my child's physician, school nurse and Franklin County Public School System that is necessary in carrying out this service for my child.

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

Telephone/Cell \_\_\_\_\_

Date \_\_\_\_\_

**Para ser completado por padre:**

El Nombre del niño \_\_\_\_\_ La edad \_\_\_\_\_ La escuela \_\_\_\_\_

Solicite que mi niño sea administrado la medicina como indicado en la orden de medico abajo. Entiendo que eso personal no medico conduce la administracion. Si una inyeccion de la emergencia se oedena, doy el permiso al Enfermero de Escuela para instruir el personal designado en la tecnica de la administracion.

Tambien tengo entendido que segun la Poliza 6125 del Condado de Franklin, la entrega de medicamentos a la escuela es la responsabilidad del padre o el tutor y que el medicamento este en un frasco etiquetado correctamente por un farmaceutico con los datos necesarios. El padre o tutor debe proveer un frasco Nuevo con etiqueta apropiada cuando se hacen cambios al medicamento y quitar el medicamento de la escuela cuando el uso se ha terminado por orden de un proveedor de salud licenciado no mas tarde que el tercer dia despues del ultimo dia de escuela. Si nadie pasa por el medicamento, sera destrozado.

Autorize la liberacion y el cambio de informacion medica entre mi medico de niño, enfermero de escuela el sistema Escolar Publico del Condado de Franklin que es necesario en se lleva a cabo este servicio para mi niño.

El padre/Firma de guardian \_\_\_\_\_

Telefono/Celular \_\_\_\_\_

la Fecha \_\_\_\_\_

**To be completed by doctor**

The child indicated above must have the medication listed during school hours in order to function at school.

Name of medication \_\_\_\_\_ Dosage \_\_\_\_\_ Hours to be given \_\_\_\_\_

Purpose of Medication: \_\_\_\_\_

Method of Administration: \_\_\_\_\_ Administered by Student: (is competent to self administer) \_\_\_\_\_  
School Personnel \_\_\_\_\_

Side effects to watch for: \_\_\_\_\_

If medication is on an as needed schedule, describe how person administering medication is to determine when medication is needed \_\_\_\_\_

Physician Name (Please type or print) \_\_\_\_\_ Physician Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone \_\_\_\_\_

**SCHOOL USE ONLY**

Person to administer medication \_\_\_\_\_

Approved by: \_\_\_\_\_  
Signature of principal \_\_\_\_\_ Date \_\_\_\_\_ Signature of nurse \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM MUST BE COMPLETED EACH SCHOOL YEAR**