

Dear Parent/ Guardian,

Please be aware that our school policy requires a physician **written request** in order to administer prescription and over the counter medications at school.

For your convenience, I have enclosed a copy of the physician request form. This form can also be found on our school web site. Medication will need to be brought to the school by the **parent**. This eliminates the chance of another student getting the medication while in route to school. Medications should be given at home unless it is absolutely necessary to give it at school.

(Example every 12 hours can be given at home at 6 a.m. and 6 p.m.)

Please meet with the school nurse concerning medications listed below.

An Action Plan and written orders are needed from the physician.

- Inhalers
- Breathing Treatments
- EpiPen for severe allergies
- Medications for a seizure condition

* Please prepare over the summer for the upcoming school year. I am working during summer school if you need assistance with the documents needed for inhalers, breathing treatments, EpiPen or seizure action plan.

*Please remember that I must have a **physician written request** for any medication given at school. This includes over the counter medication.

Thank you so much for your cooperation and I would be happy to answer any questions that you may have.

573-762-9653 ext. 6

Newburg R-2 Public School *Phone 573-762-9653 ext.4 *Fax 573-762-2498

Physician Request Form for Prescription and Non Prescription Medication

Date form received _____

Student's Name _____

Grade / Teacher _____ Date of Birth _____

Name of Medication _____

Dose/ amount to be given _____

Time to be given _____

Route to be given _____ (Mouth, Ear, nose, Skin, other)

Will be given for what reason _____

Start date _____ Stop date _____

Restrictions placed on physical education activity and for what length of time

Other notes/Adverse effects _____

Physician Signature: _____ **Date:** _____

Phone number : _____

*I understand that it is the student's responsibility to come to the office at the appropriate time for the medication.

*I understand that a **parent** must deliver medication to the school in the original bottle with a correct label.

*I give my authorization for the physician to release information /nurse to contact the physician concerning the above medication if questions should arise.

Parent Signature: _____ **Date:** _____

Phone number #1 _____ **#2** _____