

**EXHIBIT**

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**ADMINISTERING MEDICINE  
TO STUDENTS**

**{Request for Giving Medicine at School}**

Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ School \_\_\_\_\_

Medication \_\_\_\_\_

Diagnosis/reason for giving \_\_\_\_\_

Time to be given \_\_\_\_\_ a.m. Time to be given \_\_\_\_\_ p.m.

Dates from \_\_\_\_\_ to \_\_\_\_\_

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. An over-the-counter medication must be in the original packaging, with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in seizure and disciplinary action.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date

A signed physician's statement indicating the necessity must accompany any request for self-administration of medicine, whether it is prescription or over-the-counter medicine.