

# MEDICATION INFORMATION

## MASON PUBLIC SCHOOLS

This form must be filled out and sent to school with ANY medication (prescription or over the counter) you wish to be administered by school personnel. A doctor's written instructions must accompany this form. Additional forms are available in the office. All prescription medication must be in the original pharmacy container.

DATE: \_\_\_\_\_ TEACHER'S NAME: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

PHARMACY PROVIDER: \_\_\_\_\_ "RX# \_\_\_\_\_

NAME OF MEDICATION: \_\_\_\_\_

I HEREBY REQUEST AND AUTHORIZE SCHOOL PERSONNEL FROM THE SCHOOL LISTED BELOW TO ADMINISTER HIS/HER PRESCRIBED MEDICATION AS DIRECTED BY OUR DOCTOR.

Alaiedon Elementary     North Aurelius Elementary     Steele Elementary

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DAYTIME PARENT/GUARDIAN PHONE NUMBER: \_\_\_\_\_

### DOCTOR'S ORDERS

You are hereby directed to give to: \_\_\_\_\_  
(Name of child)

his/her medication \_\_\_\_\_ in the amount of \_\_\_\_\_

before lunch or after lunch (circle one) daily, or as follows: \_\_\_\_\_  
(Special Instructions)

or \_\_\_\_\_  
(Duration)

Possible side effects: \_\_\_\_\_

Doctor's signature: \_\_\_\_\_ Telephone#: \_\_\_\_\_