



FRIENDS' CENTRAL SCHOOL

MEDICATION REQUEST

Authorization for the Administration of Medicine by School Personnel

Student's name

Grade

Street address

City, state and zip code

Date of birth

School regulations require a physician's or dentist's order and the parent's or guardian's authorization for school personnel to administer medications. Medications must be in pharmacy prepared containers and labeled with the name of student, name of the drug, strength, dosage, frequency, physician's or dentist's name, and date of the original prescription.

Condition for which drug is being administered during school hours:

Name of medication, dose, method and time of administration:

Relevant side effects to be observed and plan for management, if any:

Should any school activities be curtailed? (sports, etc.):

Name of physician or dentist printed

Phone

X

Signature of physician or dentist

Date

X

Signature of parent/guardian

Date

QUAKER WORKS

LOWER SCHOOL | 228 OLD GULPH ROAD | WYNNEWOOD, PA 19096 | 610.642.7575

MIDDLE/UPPER SCHOOL | 1101 CITY AVENUE | WYNNEWOOD, PA 19096 | 610.649.7440

FRIENDSCENTRAL.ORG