

**FREDERICKSBURG AREA
UNIFIED SCHOOL MEDICATION REQUEST FORM**

SERVING:

- City of Fredericksburg
- Caroline County
- Culpeper County
- Fauquier County
- King George County
- Louisa County
- Orange County
- Prince William County
- Stafford County
- Spotsylvania County
- Westmoreland County

PURPOSE:

To allow and instruct school personnel to give medications to students during school hours. This applies to any medication, prescription or over the counter.

REQUIREMENTS:

- The school assumes no responsibility for non-medically prescribed medication or medication administered by the pupil himself.
- All medicine taken at school must use this procedure unless given by the parent according to policy.
- This form must be signed by the prescribing physician, the parent, and the principal or proper designees.
- Medication must be in the original container.

To be completed by physician

Name of Student _____ Date of Birth _____ Grade _____
Name of Medication _____
Dosage and Time Schedule _____
Duration of Treatment _____
Side effects, precautions, special instructions, or other comments _____

Physician Name _____
Physician Address _____
Phone _____
Fax _____

I have examined this student and determined this medicine is necessary during school hours.

Physician Signature _____ Date _____

To be completed by parent/guardian

- I request and authorize school personnel to administer the above medicine to my child.
- I consent to exchange information with the physician regarding the medication and treatment.
- I agree to hold harmless the School Board, its officers, agents, and personnel in the event any portion of the medicine is not dispensed as requested.
- I agree to abide by the school's policies and procedures regarding medication as stated in other documentation.
- There may be additional statements requested by the specific school that may be attached to this form.

Signature of Parent/Guardian

Date

Home Telephone #

Work Telephone #

Cell phone #

Principal/Designee Signature

Date