

NORTH HILLS SCHOOL DISTRICT

**Procedure for Administering Medication at School**

It is required by the North Hills School District that the attending physician complete this form for any medication to be given during school hours. This form is only good for the school year in which it is signed. All medication must be sent to school in the original container bearing the medication name and, if prescription, the current dose.

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medication and Dosage

\_\_\_\_\_  
Time to be administered

\_\_\_\_\_ to \_\_\_\_\_  
Duration of the medication course

\_\_\_\_\_  
Condition for which medication is prescribed

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

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Physician's Phone Number

\_\_\_\_\_  
Physician's Fax Number

***I agree that the North Hills School District and their assigned personnel shall not be held responsible for any untoward effects of this medication.***

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Daytime phone number

\_\_\_\_\_  
Date

***Please return the signed form to your child's school nurse.***