

**REQUEST FOR ADMINISTRATION OF  
MEDICATION AT OUTDOOR SCHOOL CAMP**

**PARENT**

I hereby give permission for the nurse or authorized school personnel to administer the following medication to my child for the current 2017-2018 school year. This permission shall be effective during the school day, on school property, and at all school activities.

Name of child: \_\_\_\_\_

Name of medication: \_\_\_\_\_

Dose to be administered: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Time and circumstances of administration: \_\_\_\_\_

\_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Name of prescribing Physician: \_\_\_\_\_

\_\_\_\_\_  
(first) (last) (MD, DO, DDS, DMD)

\_\_\_\_\_

(Parent/Guardian Signature)

\_\_\_\_\_

(Date)

**MEDICATION AT OUTDOOR SCHOOL CAMP**

Medications (over-the counter or prescription) brought for the School Nurse to administer must be in the original bottle, and must include written requests and/or orders which state the name of the student, name of medication, dosage, schedule of administration, indications for administering and prescriber's name.

**Over- The-Counter Medication:** Per school board policy, to administer over-the-counter medications we must have written request by a parent/guardian **AND** a written order from the student's doctor. We do not administer homeopathic medications or vitamins/ supplements at camp.

**Prescription Medication:** We must have written request by a parent/guardian; the prescription label on the prescription bottle is the doctor's order.

Shanda Jacobs RN, BSN, APRN, NCSN, FNP-BC

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