

PRN Medication Administration Form

This form must be completed fully in order for Nurse or nurse designee to administer medications. A new medication form must be completed at the beginning of each school year. Should you or your doctor wish to change dosage or availability a new form must be completed and the school nurse notified.

- The following medications will be supplied and kept with the school Nurse. Tylenol (325mg tabs or Liquid 160mg/5ml), Advil (200mg tabs or Liquid 100mg/5ml), Tums
Generic brands maybe used instead of name brands (parents may supply their own if name brand is preferred).
Parents will be called prior to medications being administered.
Students MUST GO HOME WITH FEVER, even if Tylenol (acetaminophen) or Advil (Motrin/ibuprofen) is administered.

PRESCRIBER'S AUTHORIZATION

Child's Name: Date of Birth: Grade:

Allergies (include all allergies):

Current Medications:

TYLENOL- DOSE: mg ROUTE: PRN FREQUENCY:
FOR WHAT SYMPTOMS:
POSSIBLE SIDE EFFECTS & SPECIAL INSTRUCTIONS:
PRESCRIBER'S SIGNATURE:

ADVIL- DOSE: mg ROUTE: PRN FREQUENCY:
FOR WHAT SYMPTOMS:
POSSIBLE SIDE EFFECTS & SPECIAL INSTRUCTIONS:
PRESCRIBER'S SIGNATURE:

TUMS- DOSE: mg ROUTE: PRN FREQUENCY:
FOR WHAT SYMPTOMS:
POSSIBLE SIDE EFFECTS & SPECIAL INSTRUCTIONS:
PRESCRIBER'S SIGNATURE:

Prescriber's Name/Title (Type or Print)
Telephone: FAX:
Address:
Prescribers Signature: Date:

This space may be used for Prescriber's address stamp

PARENT/GUARDIAN AUTHORIZATION

I/We request the authorized nurse/ nurse designee to administer the medication as prescribed by the above prescriber. I attest that I have administered at least one dose of the medication to my child without adverse effects. I/We certify that I/We have legal authority, understand the risk and consent to medical treatment for the child named above, including the administration of medication.

Parent/Guardian Signature: Date:
Home Phone: Cell Phone: Work Phone: