

REQUEST FOR ADMINISTRATION OF MEDICATIONS DURING
ADVENTURES PLUS



Parents/guardians of students requesting medications to be administered by Adventures Plus Staff are required to provide (1) the physician's order, (2) a parental release, and (3) the medicine supplied in the original bottle. (Ask the pharmacist to divide the medicine into two bottles with complete labels, one for school and one for home.)

Student's name _____ Site _____ Grade _____

Medication to be given _____

Dosage _____ Route of administration _____

Time of administration _____ Dates to be given _____

Reason for administration _____

Comments _____

Physician's signature _____ Date _____

Print name _____

Address _____ Phone _____

PARENT/GUARDIAN REQUEST FOR ADMINISTRATION OF MEDICATION

I request that _____ be given as prescribed by the physician.
(name of medicine)

to _____ . I also give Adventures Plus staff
(name of student)

permission to communicate with Dr. _____ regarding this medication. Unless otherwise noted, I want the regular dose of this medicine to be administered on scheduled field trips.

Parent/Guardian _____ Date _____