



Laveen Elementary School District Medication Administration Form

2024-2025

Student Name: _____ Birth Date: _____ Teacher/Grade: _____

Medication Name: _____ Dose: _____ RX# (PS): _____

Route: (circle one) by mouth inhaled drops topical by g-tube injection

Time to be administered: _____ Dates to be administered: _____

Condition for which medication is required: _____

Administration instructions:

Half-day instructions: _____

Special instructions: _____

Precautions/Side effects: _____

Physicians Name: _____ Phone: _____

- This form must be completed and signed by the parent or legal guardian
- **A new form is required each time the medication, dosage, or timing is changed**
- All prescription medication must be in the original container with the pharmacy label intact
- All non-prescription medication must be in the original container with the name of the medication and the dosage information clearly legible
- It is recommended that the first dose of a new medication be given at home.
- **A parent or designated adult must transport medication; students are not allowed to carry/transport medication**
- This form includes summer session
- **For Epinephrine please respond to the following statement:**
 - Yes No I will allow a Severe Allergy Alert Sheet with my child's picture and emergency information to be posted in the health office, classroom, cafeteria, and any additional campus locations that my child visits.

My signature below indicates that I request that LESD staff administer the medication specified above to my child, and I am giving permission for LESD staff to contact the physician for additional information, if needed.

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: _____ Phone Number: _____ Email: _____