

# Richard Hardy Memorial School

## Medical Treatment Form

Medication Policy: Prescribed medications can only be administered at school when failure to do so could jeopardize a student's health.

Medication Order Form:

Because it is necessary for \_\_\_\_\_ to receive  
(Student's Name)

medication while attending school, the following medication is to be dispensed by staff members at school, during the school day.

<u>Medication:</u>	<u>Dosage/Route:</u>	<u>Dose Schedule :</u>	<u>Reason:</u>
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Date: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Physician's Address

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

### PARENT/GUARDIAN PERMISSION:

I hereby request that the above named student be given the above prescribed medication while at school. I agree to cooperate with the school system's policies on medication.

\_\_\_\_\_  
Date

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

**(Please complete the back side of the medication form)**