ORANGE COUNTY PUBLIC SCHOOLS
200 DAILEY DRIVE
ORANGE, VIRGINIA 22960
www.ocss-va.org
540-661-4550 Fax 540-661-4599

"Dare To Be The Best"

MEDICATION REQUEST FORM

THE SCHOOL ASSUMES NO RESPONSIBILITY FOR NON-MEDICALLY PRESCRIBED MEDICATION OR MEDICATION ADMINISTERED BY THE PUPIL HIMSELF.

No medication will be administered unless:

1. There is a Medication Request Form signed by a Physician/Nurse Practitioner yearly or when there is a medication change.
2. This form is signed by the parent and nurse of the school.
3. The medication is presented by the parent/guardian to the school nurse, principal or designee.
4. The medication is in the original container.

MEDICATION CANNOT BE TRANSPORTED ON THE SCHOOL BUS OR BY ANY CHILD. PARENTS/GUARDIANS MUST BRING IN MEDICATION TO THE SCHOOL NURSE.

TO BE COMPLETED BY PHYSICIAN/NURSE PRACTITIONER

Name of Student: ________________________________ Date of Birth: ___________ Grade: ________________
Address: ____
School: ____
Diagnosis: ____
Medication/Treatment Required: ____
Dosage: ________________ Route: ______________ Time/Schedule: ____________________________________
Side effects, precautions, special instructions or comments: ____
____

I have examined the above child and determine that the above medication is medically necessary during school hours.
Physician/Nurse Practitioner Name *(Please Print)*: ____
Address: ____
Telephone: (   ) _________________________ Fax: (   ) ______________________________
Physician/Nurse Practitioner Signature: ____

STATEMENT OF PARENT/GUARDIAN

TO BE COMPLETED BY Parent/Guardian

I am unable to personally administer the above medication to my child and no member of my family or relative is able to do so. I request, and hereby authorize, the school to administer the above medication as prescribed. I consent to the exchange of information between the physician/nurse practitioner with the school nurse regarding the medication and treatment.

__________________________________ __________________________
Signature of Parent/Guardian *Date*

__________________________________ __________________________ ____________________
Home Telephone # *Work Telephone #* *Cell phone #*

__________________________________ __________________________
Nurse Signature *Date*

The Orange County School Board does not discriminate on the basis of gender, race, color, age, religion, national origin or disability in its employment practices or educational program and activities. Compliance inquiries should be directed to the Human Resources Officer, 200 Dailey Drive, Orange, VA 22960 or by phone at 540-661-4550.