



Wetzel County Schools
333 Foundry Street
New Martinsville, WV 26155
Phone: (304) 455-2441
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Medication Administration Form

Student:		Date of Birth: (mo/dd/yr)	Grade		School:
Name of Medication:			Dosage:	Method of administration:	Time of administration:
Comments: (side effects, reactions or other instructions)					
Physicians Name or Stamp:		Physician's Signature			
Date:		Phone Number:		Fax Number:	
For inhalers do you recommend that the student self-administer: (circle one)		<i>Self-administration of inhaler must be approved by a physician, parent and the school nurse in accordance with the medication policy.</i>			
Yes or No					

No medication will be given to your child until this information is completed and returned to the school.

- All medication must be in a pharmacy-labeled container
- If any changes in medication occur during the school year, a new form must be completed
- Only one form for each medication is to be used
- Medication must be brought to the school by a responsible adult. Do not send medication with students
- All unused medication will be properly disposed at the end of the school year if it is not picked up within one week after medication is discontinued.
- Completion of this form authorizes the school nurse to discuss the medication order with the prescribing healthcare provider if indicated and/or needed.

To be completed by parent/guardian:

Student's Allergies:	Other Medications taken by student:
Parental Name: (Please print)	Parental Signature approving administration:
For Inhalers only: I authorize self-medication by my child for the use of his or her inhaler. (circle one) Yes or No	
Date:	Telephone Number: