



Albert Einstein Academy 2023-2024

Release for Administration of Prescription Medications

For any prescription medications that are to be given during school hours, by school personnel, the guardian/parent must:

- 1) Have completed, signed and returned to school the *Release for Administration of Prescription Medications* form for each individual medication.
- 2) Provide medication in the original pharmacy packaging, labeled with (*this is the law, thank you for your compliance*): student's name, name of medication, dosage, and the time the medication is to be administered by school personnel.
- 3) Notify the school nurse if there are changes in the medications, dosage, and/or time of administration. Please complete a new Release for Administration of Prescription Medications Form (available at einsteinday.org/medical) and return it to the school nurse.

Please complete the following information:

- Student Name: _____ Date: _____
- Printed Name of Guardian completing form: _____
- Medication: _____
- Dose: _____
- Time to be administered: _____
- Reason for medication: _____
- Number of tablets sent to school (if applicable): _____
- Amount of liquid sent to school (if applicable): _____
- Please check appropriate box:
 - NO KNOWN DRUG/MEDICATION ALLERGIES
 - KNOWN DRUG/MEDICATION ALLERGIES

If applicable, list of known allergies to medications: _____

I am aware that the school nurse may need to contact the student's healthcare provider or pharmacist relative to the medication/treatment and that he/she is required to use nursing judgment regarding all medication administration. I give my permission for medication administration by the school nurse or school personnel.

I have read the above and request the school nurse/school personnel to administer:

_____ to _____

Name of Prescription Drug

Name of student

Signature of Parent/Guardian

Date

School Health Professional/Administrator

Printed Name and Signature:

Medication in original pharmacy packing with student's name, name of medication, dosage, and time the medication is to be administered by school personnel.

Number of tablets/ inhalers/ amount of liquid received: _____

Date received: _____