

**Laveen Elementary School District Medication Administration Form  
2022-2023**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dose: \_\_\_\_\_ 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 or dosage 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.

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: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_