



## Medication Administration Form

*Request from parents and physicians to have emergency medication administered at school*

---

Student's Last Name	First Name	Grade/Homeroom
---------------------	------------	----------------

---

Diagnosis
-----------

---

Name of Medication	Date Prescribed
--------------------	-----------------

---

Dosage
--------

---

When Administered
-------------------

---

Directions for Administering
------------------------------

---

Comments
----------

---

---

---

Parent/Guardian Signature	Phone Number	Date
---------------------------	--------------	------

---

Physician Signature	Address	Phone Number	Date
---------------------	---------	--------------	------

*Please complete one form per child, if necessary, and return to Candace Flowers, school nurse.*

If you have any questions, please contact Candace at 610-664-9847, ext. 112, or [cbflowers@waldronmercy.org](mailto:cbflowers@waldronmercy.org).