

Initial Medication and Treatment Information Form Ottawa Area Center and Young Adult Services

Medications (both prescription and over the counter) may be administered at school, by school personnel when necessary for school attendance. Please inform the school of any medication and/or medical changes.

Student's Name: _____ Birthdate: _____
 Address: _____ Phone: _____
 Physician's Name: _____ Physician's Phone: _____

DIAGNOSIS: _____

ORAL FEEDINGS: ____ Yes ____ No Explain: _____

SPECIAL DIETARY NEEDS (tube feeding, formula name, amounts, times, water flushes):

TREATMENTS: Respiratory Treatment – list medications and times: _____

Oxygen: Specify amount and device: _____ Suctioning: _____ PRN: _____

NOTE: Oxygen may be administered in emergency situations.

Catheterization: ____ time(s) _____ Please list any other treatments: _____

My student does not take any medication(s).

ALL MEDICATIONS MUST BE IN AN ORIGINAL CONTAINER PROPERLY LABELED BY THE PHARMACIST WITH THE CHILD'S NAME, NAME OF THE MEDICATION, STRENGTH OF THE MEDICATION, TIME, AND DOSAGE.

HOME MEDICATIONS: List all medication(s) that your child takes regularly at home which is helpful information in an emergency.

Name of Medication	Strength	Dosage	Time

SCHOOL MEDICATIONS: Please list below medication(s) to be taken during school hours.

Name of Medication	Strength	Dosage	Time

Please indicate if we may give your child acetaminophen or ibuprofen.

Acetaminophen: Per body weight: _____ Dosage: _____

(Please indicate if liquid, Jr. tablet, regular or chewable)

Ibuprofen: Per body weight: _____ Dosage: _____

(Please indicate if liquid, Jr. tablet, regular or chewable)

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

ADDRESS: _____ **PHONE:** _____

_____ **FAX #:** _____

I hereby permit the appropriate school personnel to administer medication as directed by my doctor, to my child. By signing, I also authorize an exchange of information, as necessary, between the school and my student's health care provider. This order will expire one year from the date of signature.

PARENT/GUARDIAN: _____ **DATE:** _____

SIGNATURE OF STUDENT IF ADULT: _____