



# Willow Creek Charter School

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## ADMINISTERING MEDICINE TO STUDENTS

### Request for Giving Medicine at School

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher: \_\_\_\_\_ Level: \_\_\_\_\_

**Medication #1:** \_\_\_\_\_ Dosage required: \_\_\_\_\_

Medication administered (circle one): When needed / \*Daily (time to be given? \_\_\_\_\_)

Diagnosis / Reason for giving: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

**\*Daily afternoon medication will not be given on 1/2 days (noon release) so please administer those medications at home**

**Medication #2:** \_\_\_\_\_ Dosage required: \_\_\_\_\_

Medication administered (circle one): When needed / \*Daily (time to be given? \_\_\_\_\_)

Diagnosis / Reason for giving: \_\_\_\_\_

Dates from \_\_\_\_\_ to \_\_\_\_\_

**\*Daily afternoon medication will not be given on 1/2 days (noon release) so please administer those medications at home**

Prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage, and time to be given. An over the counter medication must be in the original packaging with all directions, dosages, compound contents, and proportions clearly marked. Student misuse of medication being self-administered may result in a seizure of the medication and disciplinary action.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_