



**BIG SPRING SCHOOL DISTRICT
PRIVATE PHYSICIAN'S REQUEST
FOR SUPERVISION OF THE ADMINISTRATION
OF PRESCRIPTION AND NON-PRESCRIPTION MEDICATIONS
DURING SCHOOL HOURS**

It is preferred that all medicines be given at home. Medication to be given three times a day should be given before school, immediately after school, and at bedtime unless otherwise specified by the physician.

Student's name: _____ Date: _____

Teacher's name: _____ Grade: _____

Diagnosis: _____

Name of medication: _____

Dosage: _____

Time(s) of administration/special directions: _____

Duration of medication administration: _____

Curtailement/restriction/limitation of normal school activities (e.g. sports, shop, driver's education, labs, etc.): _____

Can a dose be skipped for a field trip or out of school activity? _____ Yes _____ No

Is student capable of self-administration? _____ Yes _____ No

Does the medicine need to be refrigerated? _____ Yes _____ No

May student carry an inhaler? _____ Yes _____ No

Physician's Signature

Physician's Phone Number

PLEASE NOTE: This request for administration of medication will be honored for one school year.

I hereby request that Big Spring School District personnel supervise the administration of the above-mentioned prescription or non-prescription medication, as described, to my child during school hours.

Date Signature of Parent/Guardian

Home phone (Father) _____ Work (Father) _____

Home phone (Mother) _____ Work (Mother) _____

High School – 776-2450
Fax- 776-2433

Middle School – 776-2469
Fax – 776-2468

Oak Flat – 776-2486
Fax – 776-2495

Newville – 776-2035
Fax – 776-2038

Mt. Rock – 776-2514
Fax – 776-2026