



## Request for Administration of Medication in School

Princeton Child Development Institute permits the administration of medication to a student during school hours when the student’s physician certifies in writing that the administration of medication during school hours is essential to the health of the student. The parent/guardian must provide a written request for the administration of medication in school.

### PART 1 – TO BE COMPLETED IN FULL BY STUDENT’S PHYSICIAN

NAME OF STUDENT \_\_\_\_\_ DOB \_\_\_\_\_  
DIAGNOSIS \_\_\_\_\_  
NAME OF MEDICATION \_\_\_\_\_  
DOSAGE \_\_\_\_\_  
TIME OF ADMINISTRATION DURING SCHOOL HOURS \_\_\_\_\_  
POSSIBLE SIDE EFFECTS \_\_\_\_\_  
ORDER VALID FOR (NOT TO EXCEED SCHOOL YEAR) \_\_\_\_\_  
PHYSICIAN PHONE \_\_\_\_\_

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**Physician Signature**

**Date**

### PART 2 – TO BE COMPLETED BY STUDENT’S PARENT/GUARDIAN

I hereby request that the school administer the above medication as directed by my physician to my child \_\_\_\_\_. I understand I will supply the medication in its original container and will notify the school promptly of any changes.

I hereby relieve PCDI and its employees of liability for administration of the prescribed medication.

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**Signature of Parent/Guardian**

**Date**