ROSEVILLE COMMUNITY SCHOOLS STUDENT MEDICATION REQUEST

NAME OF STUDENT:	GRADE:
	TEACHER:
PARENT REQUE	EST
I am the custodial parent/legal guardian of the a school administer medication to my son/daughte Instructions portion of this form.	
NAME:	DATE:
SIGNATURE: DAYTIME PHONE #/PAGER#/CAR PHONE#:_	
PHYSICIAN'S INSTRU (PLEASE PRINT OR TYPE II	
MEDICATION (GENERIC AND PROPRIETARY	/ NAME):
CONDITION FOR WHICH TAKEN:FORM IN WHICH SUPPLIED (I.E., 250 mg. TA	
DESCRIBE, IN LAY LANGUAGE, HOW AND W BE ADMINISTERED. (TECHNICAL TERMS AN ACCEPTABLE, AND NEITHER ARE TERMS S	ND ABBREVIATIONS ARE NOT
WHAT SIDE EFFECTS MIGHT BE ENCOUNTE SCHOOL RESPOND?:	ERED, AND HOW SHOULD THE
THESE INSTRUCTIONS WILL BE IN EFFECT PHYSICIAN'S NAME AND ADDRESS:	
PHYSICIAN'S TELEPHONE NUMBER:	
PHYSICIAN'S SIGNATURE:	DAIE:

ATTACH CURRENT PHOTOGRAPH OF STUDENT TO THIS FORM

JDE-R

MEDICATION OF STUDENTS

JDE-R-5

Ę	Ĺ	F			RC	SE	 	백	20 6	W S	ROSEVILLE COMMUNIT	≧	SCF	00	LS.	ME	DIC	ATI	O	ADI	Z	STR	TY SCHOOLS - MEDICATION ADMINISTRATION LOG	NO	900				
MEDICATION:	X L		z						5	GKADE:	ان			F	SCHOOL YEA TIME TO BE GIVEN	SC 10 E	SCHOOL YEAR:)ς 3VE 3VE	E A	الن									
	4	2	4	ις.	9	2	ω	တ	- 0	~	-		-	-	-	-	_	_	2	2	2	2	7	2	2	2	2	2	ന
	+	1	+	1	-			1			7	2	4	co	9	/	∞	တ	0		7	က	4	ည	9	7	00	o o	0
de de			-	_	_	_	_	_	_	_	_	`	_	_	_	`_	_	<u> </u>	_	_	_	_	/	_	_	_	_	_	-
)ct				-	-	_	_	_	/	-	_	/	_	_	-	_	_	_	_	_	_	_	_	_	_	_	-	-	-
lov /		_	_	_	-	-	_	1	/	_	-	_	_	_	_	-	_	_	_	_	-	-	_	_	_	-			_
) oec			_	_	1	_	-	_	/	-	_	_	_	_	_	_	_	-	_	-	_	_	_	_	-	_			
an /			_	_	_	_	1	1	1	1	_	-	_	_	-	_	_	-	-	-	-	_	_	_		-	-		-
ep /		1	1	-	-	_	1	_	_	_	1	_	_	-	-	-	_	-	_	_	_	_		-					-
lar /			7	_	_	/	1	1	/	/	_	-	_	_	_	_	_	_	_	_	_	_	_	_	L	-			_
pr /		1	_		_	1	1	_	_	_	_	_	_	_	_	-	-	-	-		_	-	_	_		-			_
fay /			_	-	_	/	_	_	/	-	- /	_	_	_	-	_	-	_	_	_	_	_	_	-		L			_
/ un					_	/		_	_	_	/	-	-	_	_	-	_	_	_	_	_	-	_	_		-			_
PERSON ADMINISTERING AND THE WITNESS SHOULD BOTH INITIAL THE APPROPRIATE BOX, EXAMPLE	N C	AD	M	S	世	Š	GA	K	上上	IE V	ATI	IES!	SSF	100	DE	30T	¥ I	IITIA	F	上	APP	ROF	RIA	里里	Š Š	K	AMP	Щ	
ABC/DEF (ABC=PERSON ADMINISTERING	山	E)	8	닖	RS	ON	AL	×	SIZ	TEF	SING.	3 AN		AND DEF=WITNESS):	MIT	NEX	38):								•				
JAME OF PERSON ADMINISTERING INITIALS	Ö	T I	R	S S	Z			川	R	9		IAL	S			NAN	一	H H	ER	SON	Š	H	NAME OF PERSON WITNESSING	9	=	INITIALS	4LS		
																	ŀ							.					
																									-				

DATE AMOUNT RECEIVED

KEY:

A=ABSENT X=NO SCHOOL O=NOT GIVEN COMMENT ON BACK