

Medication Request and Physician's Order Form
Quest Academy Charter School

10908 Strickland Road
Raleigh, NC 27615
Telephone 919-841-0441

To be completed by parent:

Child's Name _____ Age _____

Parent/Guardian Name _____

I request that my child be administered the medication as indicated in the physician's order below. I understand that non-medical personnel conduct the administration. If an emergency injection is ordered, I give permission for a nurse to instruct designated staff in the administration technique. I understand that it is my responsibility to transport the medication to school unless special arrangements are made with the principal.

I authorize the release and exchange of medical information between my child's physician, nurse and Quest Academy Charter School that it is necessary in carrying out this service for my child.

Parent/Guardian Signature Telephone/Cell Date

To be completed by physician:

The child indicated above must have the medication listed during school hours in order to function at school.

Name and form of medication Dosage Hours to be given

Method of Administration: _____

Administration by: Student _____ School Personnel _____

Side effects to watch for: _____

Physician's Name _____

Physician's Signature _____

Physician's Telephone _____

Date of approval _____