2026-2027
Key School
Medication Administration Form

Key School has licensed and non-licensed trained staff to administer prescription and non-prescription medications during school hours. Parents are responsible for supplying all medication in original pharmacy containers and notifying the school of any medication changes.

Please list ALL medications (prescription and non-prescription, over-the-counter medications, excluding Advil and Tylenol) student will be taking at school on a scheduled and as-needed basis. Medications must remain in ORIGINAL PACKAGING that identifies the student, the prescribing physician, the name of the medication, the dosage, and administration instructions including the frequency at which the drug is to be administered and the dosage to be administered. Loose pills WILL NOT be accepted or administered. **We *must* have a physician's signature to administer prescription and non-prescription medications (scheduled and as needed), excluding Advil and Tylenol, at school.** Parents must bring prescription medication to the nurse and any remaining, unused medication is to be picked up by the parents from the nurse. ALL INHALERS AND EPI PENS ARE TO BE BROUGHT IN THE ORIGINAL BOX LABEL.

Medication Allergies: _____

Student's Name: _____ **DOB:** _____ **Age:** _____ **Grade:** _____

1. Medication: _____

Diagnosis: _____

Dosage to be given at school: _____

Time(s) to be given at school: _____

2. Medication: _____

Diagnosis: _____

Dosage to be given at school: _____

Time(s) to be given at school: _____ *If any additional medications, please print out another page.*

Physician's Name: _____

Physician's Signature: _____ **Date:** _____

Physician's Phone #: _____ **Physician's Fax #:** _____

I hereby request and authorize the school nurse or her designee to administer the above medication to my child and I release school personnel from liability should adverse reactions or injury result from the administration of the medication.

Parent/Guardian's Signature: _____ **Date:** _____

Dallas Maki, LVN
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