

# PCDI

Providing Lifelong Services to People with Autism

## 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

DIAGNOSIS \_\_\_\_\_

NAME OF MEDICATION \_\_\_\_\_

DOSAGE: \_\_\_\_\_

TIME OF ADMINISTRATION DURING SCHOOL HOURS \_\_\_\_\_

SIDE EFFECTS, IF ANY \_\_\_\_\_

LENGTH OF TIME THE ORDER IS VALID (NOT EXCEED SCHOOL YEAR) \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE OF PHYSICIAN**

\_\_\_\_\_  
**DATE**

### PART II – TO BE COMPLETED BY THE STUDENT'S PARENT/GUARDIAN

I hereby request that the school administer the above medication as directed by my physician  
To my child \_\_\_\_\_. 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

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**DATE**