



**Request for Drug Administration to Student by School Medical staff**

<b>Name</b>		<b>Class</b>	
		<b>Section</b>	
<b>Parent's Name &amp; Address</b>		<b>Parent's Contact No.</b>	

**Diagnosis/ Name of Disease/Ailment** \_\_\_\_\_

**Treating Doctor** \_\_\_\_\_ **Phone No.** \_\_\_\_\_

**Medication details**

To be administered from Date..... To Date.....

<b>Name of drug[s]</b>	<b>Dosage</b>	<b>Time of administration</b>	<b>Route [i.e. oral, inhaled, applied]</b>

**Expected side effects if any (Drowsiness, Diarrhea, Nausea, sweating etc.)**

I hereby request the Medical Attendant/Nurse on duty at the College Medical Room to administer the medicine as per dose and schedule prescribed by the treating Doctor with details as noted above. I understand that this request does not confirm acceptance of the request by the college, and that I will be informed if the college is unable to administer the medication as detailed above.

I am aware of the effects/adverse effects of the said drug and neither the College nor the Medical room staff shall be held responsible for the same or any response related to the treatment therein.

I am attaching a signed photocopy of the doctor's prescription for the medicine requested to be administered

Name \_\_\_\_\_

**Signature**

Date \_\_\_\_\_