

Department of Defense Dependents Schools

Wiesbaden School Complex

Office of the School Nurse

MEDICATION DURING SCHOOL HOURS

Erlaubnis für Medikamentengabe

To be completed by Physician.

Name of Student *Des Schülers/der Schülerin* _____

Diagnosis and Indication for Medication Administration _____

Medication (*Medikament und*) _____ Dosage (*Dosierung*) _____

Time (*Tages zeit/ender Medikamentenausgabe*) _____ Route _____

Duration (*Dauer der Behandlung*) _____

Possible side effects (*Mögliche Nebenwirkungen*) _____

Precautions/Restrictions _____

Other medications taken (*Werden andere Medikamente genommen?*) _____

Older children (MS&HS) may carry their own Asthma Inhaler: Yes _____ NO _____ (please provide the school nurse an extra asthma inhaler to be kept at the nurse's office for emergency use just in case the child lost his/her inhaler)

Date (*Datum*) _____

Signature of Physician (*Unterschrift des behandelnden Arztes*)

Clinic _____

Phone number (*Telefon nummer des Hausarztes*) _____

To be completed by Parent.

I hereby give my permission for _____
to receive, from the school nurse and/or other trained school personnel, the above prescription at school as ordered. I understand that it is my responsibility to furnish the school with this medication. I give permission for the Wiesbaden School Complex nurses and Health Care Providers at the Medical Treatment Facility to exchange information about my child, the diagnosis for which this medication is prescribed and my child's response to the medication.

Date _____

Signature of Parent/Guardian

Parent daytime phone number #1 _____ #2 Cell _____

Parent E-mail Address _____

NOTE: The prescription medication must be brought to school in the original container, properly labeled by the pharmacy or physician, stating the name of the student, the medication, the dosage and the date issued. The medication will remain at school for the duration of the prescription.