

**STUDENT MEDICATION**

Although we discourage administration of medication during school hours, we realize that certain prescriptions must be taken on a schedule that includes mid-day use. In order to insure that all prescriptions are properly administered by school nurses, the following procedures have been established:

1. Only medications ordered by a physician will be given during school hours.
2. Written directions are required from a physician detailing the name of the drug, dosage, and time intervals between doses.
3. The signature of a parent or guardian is required requesting that the school district comply with the physician's order.
4. Medication must be brought to the school by the parent or guardian in a container appropriately labeled by the pharmacy or physician unless special arrangements have been made in advance with the school nurse.

Please complete and sign this form:

Name of Child \_\_\_\_\_

Home Room Teacher: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_

Dose and Time To Be Given: \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Physician

I hereby authorize the school nurse to administer the medication as prescribed above. I understand that it is my/my child's responsibility to make arrangements with appropriate school personnel to report to the clinic at the time medication is to be administered. I give my permission for the clinic staff to contact my child's physician regarding his/her medication if needed.

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian