

MEDICATION PERMIT

Please Read Reverse Side

We do not keep any medication for students. It must be brought from home with a note from the doctor with instructions.

To: School Nurse

I request that you give medication to my child during the school day in accordance with the school policy on the opposite side of this form.

You are authorized to delegate this authority to another person, if so desired.

I will not hold the school staff responsible for any undesired reaction that may occur from the medication.

I agree to pay for ambulance service, if necessary, to transport my child from school to the doctor or hospital should he/she have a reaction to the medication.

Students Name: _____

School: _____ Grade: _____

MEDICATION:

Prescription Name: _____

Over-the-Counter Name: _____

Start Date: _____ Stop Date: _____

Dosage: _____

Time to be taken: _____

Reason for Medication: _____

Doctor's Name: _____ Phone: _____

In case of an emergency, call: _____

Signature of Parent/Guardian: _____

911 Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Other Emergency Contact Name: _____ Phone: _____

MEDICATION PERMIT

Except for medication used in first aid, school personnel will administer no medication to students on any school premises, unless the student requires the medication to attend school. Parents and physicians are urged to schedule the administration of all medication to students at home. When home administration is not possible, the prescription drug will be administered at school under the following conditions.

1. It will be ascertained directly from the physician treating the pupil, that administering the medication at school is necessary for the health and well being of the pupil, and that no other time schedule for taking the drug is possible.
2. A written statement or prescription will be obtained from the doctor stating the diagnosis, method, amount and schedule for medication to be administered.
3. Parent will fill out school medication permit requesting the school nurse or the nurse's designee to assist the pupil as recommended by the doctor.
(Medication permit on reverse side)
4. Parent's signature on medication permit will be construed as a statement of waiver releasing the school district and its personnel from any and all liability for any undesired or adverse reaction resulting from the medication being administered.
5. All medication must be delivered to school in its original container and possessing the following data:
 - Child's name
 - Physician's name
 - Date of prescription
 - Name of drug
 - Directions for administration
6. If medication is to be administered for a prolonged basis, the school nurse will check with the physician at intervals no greater than three months to determine the efficacy of the medication, and to determine if it needs to be continued at school.
7. Aspirin, or other non-prescription medications will be administered at school upon parent's request and signing of medication permit. Such medication will be delivered to school in its original container with the pupil's name labeled on the container. Waiver conditions will be the same as specified in item 4 listed above. Medication may not be expired.