

Permission to Administer Prescription/OTC Medication

This form must accompany the medication. No medication will be given until this form is on file in the Nurse's Office with parent signature. A physician's signature is required if the medication will be taken for more than ten (10) consecutive days.

PHYSICIAN TO COMPLETE THE FOLLOWING SECTION

Student name: _____ DOB: _____ Age: _____ Grade: _____

Name of medication: _____

Condition being treated: _____

Begin medication on: _____ Medication completed on: _____

Time to be given: _____ Dosage: _____

Form of medication: Tablet Capsule Liquid Inhalant Topical
 Ointment Spray Chewable Drops Other

Possible side effects: _____

Physician's signature: _____ Date: _____

Physician's printed name: _____

PARENT TO COMPLETE THE FOLLOWING SECTION

- The policy of the school does not authorize administrative personnel or teachers to give medication of any kind. That includes prescription as well as non-prescription drugs. However, school nurses and specifically trained personnel may give medication during school hours under the following restrictions. Students who are non-contagious, on long-term medication, or on preventive medication for a prolonged period (fifteen consecutive days or more) that cannot under any arrangements be administered other than during school hours may take medication in school. The Physician's statement must have the prescribing Physician's signature as well as a parent/guardian signature.
- Prescription medication or non-prescription medication to be given for 10 days or more will be provided by the parent.
- Medication must be taken to the Nurse's office one day before the medication is to be started.
- Medication must be in the correctly labeled prescription container or manufacturer's package for that student.
- Parents of Lower School students must make the child's teacher aware of the time the medication is to be given.
- Parents of Middle and Upper School students must make the student and nurse aware of the time the medication is to be given.
- Parents should have two prescription containers made if necessary to avoid having to transport medications back and forth to the school. No Ziploc bags or other containers will be accepted.
- Medications are not to be kept in back packs, lockers, or lunch boxes. They may only be kept in the Nurse's Office. All medications will be disposed of if they are not picked up by the last day of school.
- I hereby grant permission for the school nurse or trained designate to administer medication to the aforementioned student according to the physician's instruction above. I understand the policies and procedures of the school.

Parent/Guardian Signature: _____ Date: _____

Printed name: _____