

Over the counter / prescription medication authorization

Student: _____

Date of birth: _____

Grade: _____

School Year: _____

TO BE COMPLETED BY PARENT / GUARDIAN

I give permission for my student to receive the following medications during school hours according to standard school policy and in accordance with the following physician's instructions.

(Check appropriate spaces)

_____ The following over-the-counter medications must be kept for my student's use which will include original manufacturer's label with dosage instructions and length of time to be dispensed.

_____ The following prescription medication in the original pharmacy container prescription label intact and current dosage indicated.

Parent / guardian signature: _____

Relationship: _____

Date: _____

Name of medication: _____

Reason for medication (optional): _____

Form of medication / treatment: Tablet/Capsule Inhaler Injection Nebulizer Other

Instructions (Schedule and dose to be given at school): _____

Applicable dates: _____

Restrictions and/or possible side effects: _____

Special storage requirements: _____

Is the student both capable and responsible for self-administering this medication? Yes No

(medicine should still remain in the office area)

Any additional information: _____

PRESCRIPTION MEDICATION MUST HAVE PHYSICIAN OR AUTHORIZED PRESCRIBER SIGNATURE

Physician's signature: _____

Physician's name: _____

Address: _____

Phone Number: _____

Date: _____

MEDICATION IN SCHOOL

The school should be informed of all student health problems that require medication.

ALL MEDICATIONS MUST BE KEPT IN THE OFFICE AREA. Students should not have any type of medication, prescription or over-the-counter, on their person, in their backpack, or in their locker. The expectation being asthma inhalers and an Epi-pen which both require a prescription and the parental consent form to be signed and on file with the school office.

OVER-THE-COUNTER medications that may be periodically needed by the student during the school year and prescription medication for a student are to be kept in the original container/package with the pharmacy label and student's name affixed.

The school cannot distribute any prescription medication without a medication form that has been filled out and signed by a parent/guardian and physician.

The school cannot distribute any over-the-counter medication without a medication form that has been filled out and signed by a parent/guardian.

Any medication(s) that a student may require during the school day should be brought to the office by a parent or guardian.

PLEASE COMPLETE THE FORM ON THE REVERSE SIDE