

Parent Request for Administration of Medication

Medications may be administered at school by the school nurse and trained school personnel when medications are medically necessary during school hours for a student’s attendance. Students may **NOT** bring medication to school. The parent or guardian must bring the medication to the nurse and complete this form.

The following guidelines must be followed in order for your child to receive medication at school:

1. All medications, both prescriptions and over the counter, must be in the original container, properly labeled and must not be expired.
2. All medications, including over the counter medications, must be brought to school by the parent or guardian with this form filled out.
3. Medications may **NOT** be shared between siblings or other students. The medication can only be administered to the student it is prescribed for or intended for. Siblings would need their own medication and each sibling would need a form filled out.
4. Medications that are not FDA approved cannot be given.
5. **No medication will be supplied by the school district including, tylenol, ibuprofen or pepto bismol.**
6. Students needing to carry inhalers with them at school or at school sponsored activities must have a signed asthma action plan from their doctor giving the student permission to carry the inhaler. The inhaler must be signed in prior to the student carrying. The inhaler **MUST** be labeled properly.
7. Cough drops and contact solution need to be provided by the student on an as needed basis and can be carried by the student. **COUGH DROPS NEED TO BE SIGNED IN AT THE NURSE’S OFFICE AT THE ELEMENTARY SCHOOL BECAUSE OF CHOKING HAZARDS.**
8. At the end of the school year all medications need to be picked up by the parent/guardian. If they are not picked up they will be disposed of.

Student name: _____ DOB _____ Grade: _____

Medication _____ Dosage _____

Frequency/Time/Route/ _____

Reason for Medication: _____

Special Instructions: _____

Date of request: _____ Date of termination _____

As the parent or guardian I am requesting that the above medication be given to my child as directed.

Guardian/Parent Signature

Date

Daytime phone number