

Medication Form 2019-20

Student Name: _____

Student Date of Birth: _____

Student Grade: _____

Medication Policy

If your child will need medication at school anytime during the school year, the information must be added to this form. This includes prescription as well as non-prescription (over-the-counter) medications. **ANY TIME THE SCHOOL IS ASKED TO ADMINISTER MEDICATION, WE MUST HAVE THE HEALTH HISTORY/MEDICATION FORM FILLED OUT BY A PARENT/GUARDIAN.**

- The school nurse authorizes all medications administered at school. Authorized personnel (i.e. school secretaries, front office staff) may administer medication under the direction of the school nurse, following appropriate training and instruction.
- All medications must be in the original, labeled container with child's name, and **MUST** be brought to the office.
- Medications, including over-the-counter, will **NOT** be kept in lockers, desks, backpacks, etc. This is for everyone's safety. (Under certain circumstances, students will be allowed to self-administer certain medications, but only with authorization by the school nurse.)
- Prescription medication must be in the prescription bottle with the correct label that includes the student's name, dose of the medication, directions for taking the medication, prescriber's name, pharmacy's name, and current date. (Most pharmacies will give you two bottles, one for home and one for school.) If/ when medication doses change, the current prescription bottle needs to reflect that new dose.
- Over-the-counter medication must be in the original container, FDA-approved and appropriate for age.
- No medication brought to school in a baggie will be administered.
- Most medications that are to be taken 3 times per day or less can be administered at times outside of school hours. Unless specifically directed by your healthcare provider, give it before school, as soon as the student arrives home, and at bedtime.
- If you would like your child to receive Acetaminophen (Tylenol) or Ibuprofen (Advil, Motrin) at school, on an as-needed basis, you must sign the consent on this form.
- Authorizations for medication administration must be renewed each school year.
- School personnel have permission to exchange information as needed.

_____ **I WILL ALLOW** the school nurse and/or authorized personnel to give my child the following: Ibuprofen, Acetaminophen, cough drops, antacids (Tums), and antibiotic/anti-itch skin cream for minor problems.

_____ **I DO NOT GIVE PERMISSION** for medication to be given to my child.

Special Instructions: _____

Parent Signature: _____

Date: _____

Please initial and complete the following information if your child will require medication at school.

_____ **Medication Policy:** I have read and will comply with the school medication policy listed above.

Medication	Rx or OTC	Dosage/Frequency	Reason	Special Instructions

FOR OFFICE USE ONLY:

Reviewed by: _____

Date: _____