

Board Policy

Code No. 504.4E3

PARENTAL AUTHORIZATION & PERMISSION FOR ADMINISTRATION OF MEDICATION

Student's Name _____ Grade _____

Medication _____ Dosage _____

Time to be Given _____

Physician _____

Medications are dispensed following these district policies:

1. Label contains:
Student name
Name of medication
Date of prescription
Name of physician
Directions for use
2. Authorization is signed by parent(s), guardian(s), or person(s) in charge of student and dated.
3. Medication is in the original labeled container.
4. No over-the-counter medications will be dispensed without a doctor's order (i.e., cold remedies, vitamins, etc.).
5. Any changes must be made in writing.
6. Inhalers may be kept with the student and self-administered.

I request the above student be given medication at school according to the prescription or nonprescription instructions and a record maintained.

I agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment or it will be properly destroyed.

For Inhalers Only – enclosed is a doctor's order for medication self-administration.

Signature _____ Date _____

Please submit this request to the school nurse or principal.

*Reapproved: May 16, 2005
March 5, 2007*

*Revised: April 2004
May 16, 2005*