

## SCHOOL MEDICATION FORM

The purpose of this letter is to inform you of the district medication procedures and to solicit your assistance and support.

Administration of medication to students is a responsibility that we take very seriously; therefore:

1. The District requires that a physician and parent signed medication form be on file in the building office **prior** to district staff administering any medication to your child. This form must be renewed each school year as needed.
2. Please request a second prescription canister with complete directions from your pharmacist when you have a prescription filled for your child. This will allow you to keep one canister at home and send the second one to school. The District has requested the assistance of the valley pharmacists in this endeavor.
3. All over-the-counter medications (as with prescription medications) must be supplied in the original container. Parents must provide a written request in order for over-the-counter medication to be administered to students with instructions in for their individual child, which includes the time or situations to be given and the dosage.

Please know that it is not our intent to create you any additional hardship. We understand the difficulties you face especially when your child is ill. We hope you understand and support our efforts to better meet the needs of your child.

**PLEASE FILL IN FORM AND BRING TO SCHOOL**

TO AUTHORIZE SCHOOL PERSONNEL:

I hereby request and authorize \_\_\_ my child to self-administer<sup>1</sup>, or \_\_\_ school staff to administer the following \_\_\_ prescription medication, or \_\_\_ over-the-counter medication.

Medication name: \_\_\_\_\_

Instructions: \_\_\_\_\_  
(Dose) (Time)

and I release the school from liability should reactions result from medications. In case of emergency, follow-up care and transportation are to be as follows:

\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Self-administration of some medications is not allowed. See the back of this form #15.

\_\_\_\_\_  
Parent's signature

A physician's authorization is not required for over-the-counter medications.

\_\_\_\_\_  
Date

TO AUTHORIZE SCHOOL PERSONNEL:

I prescribe (medication name) \_\_\_\_\_  
to be given to \_\_\_\_\_ by school personnel during school hours for the reason stated:

Possible side effects to be observed by school personnel: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's signature

\_\_\_\_\_  
Date