

## Parent Request for Giving Medication at School

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School Year: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Strength of Medication: \_\_\_\_\_

Has the first dose of this medication been administered at home? **YES** **NO**

Form of Medication: \_\_\_ tablet \_\_\_ capsule \_\_\_ liquid  
\_\_\_ inhaler \_\_\_ injection \_\_\_ topical \_\_\_ other: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time to be Given: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_ End of the school Year: \_\_\_ Other: \_\_\_\_\_

Please choose how you would like to be contacted about medication refills.

\_\_\_ By letter sent via student.

\_\_\_ By Phone. My phone number is \_\_\_\_\_.

\_\_\_ By email. My email is \_\_\_\_\_.

Please choose how you would like the medication handled at the end of the school year.

\_\_\_ I will pick up the medication from the clinic myself.

\_\_\_ Send the medication home with my child (only if student is a car rider)

\_\_\_ Destroy any unused medication.

\*\*\*\* Any unused medication will be destroyed at the end of the school year if left at school. \*\*

All medication, (including over-the-counter drugs), should be delivered to the health clinic. Medication must be in the original container and be properly labeled. Over-the-counter medications should be in unopened containers. Over-the-counter medication will not be given more than 10 times without written authorization from a physician. Prescription drugs and/or "samples" from the doctor must be labeled with the student's name, dosage to be administered, the physician's name, date the prescription was filled and the name of the medicine. The school will not administer any type of medicine that is not FDA approved.

**The first dose of a new medication or new dosage must be administered at home where parents can monitor potential side effects and adverse reactions.**

We, the parents, authorize the school to assist our child in taking medication and agree that we will not hold liable any member of the school staff or an individual of official capacity who is directed by us (the parent/guardian) and the school administrator to assist our child in taking medication.

I give permission for my child to receive the medication named above according to standard school policy.

\_\_\_\_\_  
(Signature of parent or guardian)

\_\_\_\_\_  
(Date)