

REGIONAL SCHOOL DISTRICT #15

School Health Office

PERMISSION TO GIVE MEDICATIONS AT SCHOOL

THIS SECTION TO BE COMPLETED BY PARENT OR GUARDIAN

I request that the medication order by the M.D., Dentist, A.P.R.N., P.A.C., D.O. on this form, be administered to my child by the school nurse and/or self administered if medically authorized. When a self-administration order is indicated on this form by health professional, my signature below indicates that I am in agreement with that order and that my child is competent to properly and safely carry and take this medication, and has my permission to do so.

I understand that I must bring the medication to the school nurse in the original container dispensed and properly labeled by a physician or pharmacist, and that no more than a 3 month supply will be brought to school, at any given time. I agree that any controlled medication such as Ritalin, Concerta, Codeine, Dexedrine, etc. will be brought to the school by myself or an adult that I designate. I also understand that any unused medication will be destroyed if it is not picked up within one week following the termination of the order or one day beyond the close of the school year, whichever comes first.

STUDENT'S NAME (print)

ALLERGIES

GRADE

PARENT'S /GUARDIAN'S NAME (print)

RELATIONSHIP TO STUDENT

DATE

I give permission for the school nurse and the prescriber of the medication ordered to exchange information necessary to ensure the safe administration of the medication ordered below.

PARENT'S / GUARDIAN'S SIGNATURE

HOME PHONE

DAY / WORKPHONE

THIS SECTION TO BE COMPLETED BY M.D., D.O., DENTIST, A.P.R.N., P.A.C., OPTOMETRIST, AND FOR ALL INTERSCHOLASTIC AND INTRAMURAL ATHLETIC EVENTS ONLY, A PODIATRIST.

Please complete all sections, for both over the counter and prescription medication. List only one medication per form.

PATIENT'S NAME

DATE

NAME OF MEDICATION/HOW DISPENSED GENERIC NAME AMOUNT TO BE GIVEN ROUTE FREQUENCY

IF DAILY MEDICATION, TIME OF ADMINISTRATION AT SCHOOL OR PRN
(CHECK IF PRN)

DATES OF ADMINISTRATION: FROM _____ TO _____ CONTROLLED DRUG: _____ YES _____ NO

SIDE EFFECTS OF MEDICATION/SPECIAL INSTRUCTIONS _____

CONDITION FOR WHICH MEDICATION IS BEING GIVEN / DIAGNOSIS _____

I HAVE INSTRUCTED AND AUTHORIZE THIS STUDENT TO SELF ADMINISTER THE ABOVE MEDICATION:

____ YES ____ NO (Controlled medication may not be self administered in Region 15)

____ YES ____ NO (May carry EpiPen on field trip)

OTHER MEDICATIONS CURRENTLY BEING TAKEN _____

M.D., D.O., DENTIST, A.P.R.N. P.A.C* SIGNATURE

M.D., D.O., DENTIST, A.P.R.N. P.A.C. (print)

PHONE

ADDRESS

CITY

STATE & ZIP

*P.A.C. signature must be accompanied by M.D. stamp or signature

THINGS TO KNOW ABOUT MEDICATION AT SCHOOL

1. All medication taken at school or on school sponsored field trips require a completed "Permission to Give Medications at School" form.
2. This form is required for both over the counter medications (Tylenol, Tums, Nasal Spray, Vitamins, etc.) as well as prescription medications (asthma inhalers, antibiotics, allergy medications, etc.)
3. All forms require a physician's original signature and parent/guardian signature.
4. Medications to be administered by the school nurse, should be brought to the nurse's office by the parent/guardian, during school hours.
5. Students may only self medicate and/or carry medication at school, if the "permission to Give Medications at School" form is completed, on file in the nurses' office, and the MD has indicated that the student is authorized to self medicate. On a school sponsored field trip, if medication cannot be self administered, arrangements must be made by the parent through the nurse's office for these medications to be administered.
6. Field Trips:
 - a. It is the parent's responsibility to notify the school nurse, at least 1 week prior to each and every field trip, if the student will be carrying and/or taking any medications while on the field trip. This is required even if this form is already on file in the nurse's office.
 - b. It is the parent's responsibility to notify the school nurse, at least 1 week prior to each and every field trip, about medical conditions that may affect the student while on the field trip.
 - c. After parent contact with the nurse's office, information will be given to the staff chaperone related to medication and health needs.
 - d. If medications cannot be self administered on the trip, arrangements must be made by the parent, through the nurse's office for these medications to be administered.
7. Controlled medications such as Ritalin, Concerta, Dexedrine, Codeine etc. may not be self administered or carried by the student at any time.
8. All medications must be brought to school properly labeled and in their original container.

*Permission to Give Medication at School form on front of this page