



## Authorization For Medication During School Hours

1. If possible, parents are advised to give medication at home on a schedule other than during school hours.
2. All medication (prescription and over-the-counter) must be in the original container and be properly labeled.
3. Medication sent in baggies or other unlabeled containers will not be given.
4. Written authorization from the parent with explicit instructions on how the medication is to be given at school must be on file in the school clinic before any medication will be given.
5. Any medication given more than 15 consecutive days or any medication considered a controlled substance should be accompanied by a written request by the physician.
6. School personnel cannot administer more than the manufacturer's recommended dosage on any prescription or non-prescription medication unless directed, in writing, by the student's doctor.
7. The first dose must always be given at home.
8. The medication may be given by a medically untrained person.
9. All medication must be kept in the clinic.
10. Students who have an Asthma Action Plan signed by their doctor and on file at the school will be allowed to carry their inhaler with them during the day. It is recommended a second inhaler be available in the school clinic. Misuse of the inhaler by the student will result in the privilege being revoked.
11. All medication administration requests expire at the end of the school year and must be renewed for the next school year.
12. Any medication remaining in the school clinic after the last day of school will be discarded immediately.
13. Herbal supplements will not be given at school under any circumstance.

### Request for Administration of Medication by School Personnel

I request that the following medication be administered to my child during school hours:

Student's Name:	Date of Birth:	
Medication to be given:	Dose:	Route:
Time(s) to be given:	Frequency:	<input type="checkbox"/> Daily <input type="checkbox"/> PRN (as needed)
Condition for which given:		
Significant side effects:		
Length of time this treatment is recommended:		
Parent's signature:	Date:	
Home phone number:	Work phone number:	
Physician's signature:	Date:	
<input type="checkbox"/> It is preferred that morning doses be given at home. If the morning dose is missed, I give permission for the school to administer this dose after verifying the missed dose with a parent. _____ (Parent initials)		
At the end of the year please dispense/return the medication in the following manner: <input type="checkbox"/> Parent will pick up <input type="checkbox"/> Send home with student <input type="checkbox"/> Dispose of any remaining medication		

Have physician sign on medications given for 15 consecutive days or more.

