

# S-9: Student Medication Form

## STUDENT INFORMATION

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name (other than parent/guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

## PARENT/GUARDIAN RELEASE

I hereby authorize school staff to administer the medication described below to my child. I understand that a trained teacher or other school personnel will administer only the medication(s) described below. If the prescription is changed, a new parent consent form and a new health practitioner order must be completed before the school staff can administer the new medication.

Prescription medication must be transported to and from school by an adult, in the current original pharmacy container and label, with the child's name, medication name, administration time, dosage, and health care provider's name. If it is an over the counter medication, the medication must be in the original store container. The school nurse may contact the student's health care provider if clarification is needed to administer this medication.

I authorize my child to carry, be in possession of, and self-administer this medication.

My child and I understand there are serious consequences, which may include suspension or expulsion for sharing any medications and/or supplies with others. See [Administrative Procedures](#) for Board Policy S-3: Student Conduct and Discipline.

I agree to meet the parental responsibilities listed above. I understand that school personnel may release personal or medical information about my child in a health-related situation if necessary. **Note:** A new medication form will be required every school year.

\_\_\_\_\_  
 Parent/Guardian Signature Date

## MEDICATION INFORMATION (HEALTH CARE PROVIDER ONLY)

| NAME OF MEDICATION | INDICATION | DOSAGE | ROUTE | TIME |
|--------------------|------------|--------|-------|------|
|                    |            |        |       |      |
|                    |            |        |       |      |
|                    |            |        |       |      |

The above named student is under my care:

In my opinion, this medication is necessary during the school day. Trained school personnel should and will be allowed to administer this medication. Please list any specific training required: \_\_\_\_\_

In my opinion, this medication is necessary during the school day. I feel it is medically appropriate for the student to be in possession of, and self-administer this medication.

Duration medication is to be administered /or student is allowed to carry the medication: \_\_\_\_\_

Common side effects: \_\_\_\_\_

Allergies: \_\_\_\_\_

**NOTICE:** This order can only be signed by an MD; Dentist; Nurse Practitioner (NP, FNP, PNP, APRN/PP), Certified Physician's Assistant or a provider with Prescriptive Practice.

\_\_\_\_\_  
 Physician's Signature Phone Date

**SALT LAKE CITY SCHOOL DISTRICT MEDICATION RECORD/LOG (INTERNAL USE ONLY)**

|            |      |         |      |            |            |  |
|------------|------|---------|------|------------|------------|--|
| STUDENT:   |      | PARENT: |      | YEAR:      | TEACHER:   |  |
| MEDICATION | DOSE | ROUTE   | TIME | DATE BEGAN | DATE ENDED |  |
|            |      |         |      |            |            |  |
|            |      |         |      |            |            |  |
|            |      |         |      |            |            |  |

Staff Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Initials: \_\_\_\_\_  
 Staff Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Staff Signature: \_\_\_\_\_ Initials: \_\_\_\_\_

**MEDICATION RECORD/LOG**

Special Instructions/Notes: \_\_\_\_\_  
 \_\_\_\_\_

(Codes: **X** = No School, **OT** = Off Track, **A** = Absent, **NP** = No Pills Available, **R** = Refused, **PC** = Parents called/notified)

| JULY |  |  |  | AUGUST |  |  |  | SEPTEMBER |  |  |  | OCTOBER |  |  |  |
|------|--|--|--|--------|--|--|--|-----------|--|--|--|---------|--|--|--|
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Notes: \_\_\_\_\_

| NOVEMBER |  |  |  | DECEMBER |  |  |  | JANUARY |  |  |  | FEBRUARY |  |  |  |
|----------|--|--|--|----------|--|--|--|---------|--|--|--|----------|--|--|--|
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Notes: \_\_\_\_\_

| MARCH |  |  |  | APRIL |  |  |  | MAY |  |  |  | JUNE |  |  |  |
|-------|--|--|--|-------|--|--|--|-----|--|--|--|------|--|--|--|
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Notes: \_\_\_\_\_

No district employee or student shall be subjected to discrimination in employment or any district program or activity on the basis of age, color, disability, gender, gender identity, genetic information, national origin, pregnancy, race, religion, sex, sexual orientation, or veteran status. The district is committed to providing equal access and equal opportunity in its programs, services and employment including its policies, complaint processes, program accessibility, district facility use, accommodations and other Equal Employment Opportunity matters. The district also provides equal access to district facilities for all youth groups listed in Title 36 of the United State Codes, including scouting groups. The following person has been designated to handle inquiries and complaints regarding unlawful discrimination, harassment, and retaliation: Tina Hatch, Compliance and Investigations/Title IX Coordinator, 440 East 100 South, Salt Lake City, Utah 84111, (801) 578-8388. You may also contact the Office for Civil Rights, Denver, CO, (303) 844-5695.