

# POQUOSON CITY PUBLIC SCHOOLS



## Student Medication

Although we discourage administration of medication during school hours we realize that certain prescriptions must be taken on a schedule that includes mid-day use. In order to insure that all prescriptions are properly administered by school nurses the following procedures have been established:

1. ONLY medications ordered by a physician will be given during school hours.
2. WRITTEN directions are required from a physician detailing the name of the drug, dosage, time intervals between doses.
3. The signature of the parent or guardian is required requesting that the school district comply with the physician's order.
4. Medication must be brought to school by the parent or guardian in a container appropriately labeled by the pharmacy.

Please complete and sign this form:

Name of Child: \_\_\_\_\_

Teacher: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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

Dose & Time to be given: \_\_\_\_\_

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

Special Instructions:

Physician: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby authorize the school nurse to administer the medication as prescribed above. I understand that it is my/my child's responsibility to make arrangements with appropriate school personnel to report to the clinic at the time medication is to be administered. I give permission for the Clinic Staff to contact my child's physician regarding his/her medication if needed.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_