

HAVRE PUBLIC SCHOOLS

MEDICATION AUTHORIZATION

I. IDENTIFYING INFORMATION

Student's Name	School	Grade
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II. PERMISSION

Medication shall be administered in school only when the student's health requires that medication be given during school hours.

In order for your child to receive medication at school, the following conditions must be met. If these conditions are not met, the medication will not be administered. No medicine will be administered until the completed forms have been turned into the school office. Forms are available from any school office.

CONDITIONS:

1. Medication must be supplied in **ORIGINAL BOTTLE (prescription and non-prescription)**. Ask your pharmacist for the medication to be divided into two bottles, completely labeled: one for home and one for school.
2. The parent and/or responsible adult must bring medication to the school office and discuss administration procedure with the employee in charge of medications. The medications will be counted by school personnel and verified by parent or responsible adult.
3. If pills need to be cut in half, this must be done before medication is brought to the school.
4. A 45 school day supply of prescription medication can be stored at school.

I hereby give permission for my child, _____, to self-administer _____ at school. My child may/may not (circle one) keep said medication in his/her (circle one) possession.

Parent/Guardian Signature

Date

If your child's medication was prescribed by a physician or dentist, he/she must provide written authorization to appropriate school personnel verifying that your child may self-medicate/self-keep said medication.

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III. MEDICATIONS

Date	Medication/ Treatment	Amount Received	Dosage	Time(s) to be Given	Parent's Signature	School Personnel Signature

SPECIAL NOTES: _____

