CONSENT FOR ADMINISTERING MEDICATION AT SCHOOL

	Inhaler - Not self carrying Over-the-Counter Medication	」Epinephrine - No	ot self carrying	
Student Name		Date of Birth		Grade
Student ID#	School			
Teacher (Elementary Only)				
Medication				
Reason for Medication				
Dosage				
Time of Day to be administered				
Duration	to			
Physician Name				
Physician Phone	Ph	ysician Fax		
I give my consent for the scholarst be hand delivered by an Note: Physician's permission is quantity other than listed on the	ol designated personnel to admadult and in it's the original constructions required in order for medications.	inister the listed m tainer. on to be administer	edication. All red for an exte	medication nded period or
Parent/Guardian Signature	Parent/0	Guardian Phone Nu	umber	Date
Nurse Note				
Date	Amount	Signatur	re RN/Other	

JLCD-EC Revised 6/24

Medication Requirements

Please read the medication requirements below carefully and contact us with any questions.

Per District Policy JLCD

Over the counter medication:

- Must be sent in the original container
- Must not be expired
- Must be appropriate for the age of the student
- We can only provide the dose described in the package directions. Any changes in dosing/directions would require a physician's order.
- We cannot administer the medication for more than 5 consecutive days. If the medication needs to be given on a
 daily basis, we will require a physician's order.
- An adult MUST deliver medication to the school.
- If the packaging/bottle is open, the medication will need to be counted with the nurse/health assistant at drop off.

Epinephrine* and/or Albuterol:

- Must be in the original packaging with a label OR have a label directly attached to the medication
- Must not be expired

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^{*} For any of the Preschool Programs if the package for Epinephrine is for TWO devices and only ONE device is included, we must have a physician's note stating that it is "ok" to split the devices up.