

Parent/Guardian Request/Permission to Have Medication Administered in School

Complete this form for each medication your student requires during the school day.

Parents/guardians must bring prescription medication(s) to school in the original container, properly labeled with student's name; the prescribing licensed healthcare provider's name; the name of the medication; the dosage; how and when it is to be administered; the name and phone number of the pharmacy and the current date of the prescription.

All medications classified as controlled substances shall be counted upon receipt with parent/guardian and/or school administrator and documented on this form each time medication is brought into the school setting.

Date _____

Student's Name _____

Medication _____

Dose _____ Time to administer _____

Reason for Medication _____

Allergies to any medications _____

Number of tablets, capsules or amount of liquid sent/received _____

Verified Pill/Tablet/Capsule ☐ **(Medication matches description on bottle)**

I am aware that the school nurse may need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and that he/she is required to use nursing judgment regarding all medication administration. I give my permission for medication administration by the school nurse.

I understand that all medication(s) must be picked up by a parent/guardian by the last day of school. Any medication(s) that remain in the school nurse's office will be disposed of according to the Red Clay Consolidated School District medication disposal procedure.

I give my permission for a trained Red Clay employee to assist him/her with the above medication on all field trips for the current school year.

Parent/Guardian Signature _____

School Nurse Signature _____

Date	Amount	Verified Pill/Tablet/ Capsule	Parent/Guardian & School Nurse