Iredell Statesville Schools

School Name: _____

Request For Medication To Be Given During School Hours

(Signature of Parent/Guardian and Physician Required)

To Be Completed By Physician:

Pupil's Name: _____ DOB: _____Grade: _____ Diagnosis: _____

Medication: _____Dosage: _____ Route: _____

Time to be given: _____ Purpose of Medication: _____

Significant Information (side effects, toxic reaction): _____

_____

Duration of order from _____ to _____

Yes No If medication is used for asthma/allergic reaction or diabetes (ie: inhaler, epipen, insulin) I certify this student has been taught to self-administer and should be allowed to carry own medication and use as prescribed.

_____ _____ _____ _____

Telephone Physicians Name (please print) Physicians Signature Date

Physician and Parent please note per ISS School Board Policy Code 6125: NO controlled substance (with the potential to impair students ability to function at school ie: stay awake in class, potential for falling) shall be maintained or given by the school unless imperative to have for the student's education or for life threatening situation.

Physician's Stamp

TO BE COMPLETED BY PARENT OR GUARDIAN:

I request that my child be administered the medication as indicated in the physician's order above. I understand that non-medical personnel may conduct the administration or injection of medication after training by the school nurse. I understand that it is my responsibility to furnish this medication within a container properly labeled by a pharmacist with identifying information. Student will demonstrate to staff proper skill level for usage.

I authorize the release and exchange of medical and educational information between my child's physician and school staff that is necessary to carrying out this service to my child.

Yes No If medication is inhaler, epipen, or insulin I authorize my child to carry and administer own medication as prescribed by Physician.

_____ _____ _____

Parent/Guardian Signature Telephone/Cell Date

Reviewed by Nurse _____ Date _____

Over

Information For Parents
Regarding Medications At School

- Medication form must be filled out and signed by physician **and** parent.
- Nurse/ School Staff may not give **any** type of medication without completed medication form. *This includes such medications as Tylenol, Ibuprofen, Tums, cough drops, Benadryl, antibiotic ointments, cough medicine, etc.*
- Parent must provide all medication.
- Medication must be brought in to school in original labeled container.
- Parent must transport medications to and from school. Medications may not be sent to school on the bus. If hardship, contact your school nurse.
- New medication forms should be provided at the beginning of each school year.
- **Parent is responsible to pick up any leftover medication at the end of the school year. Medications left will be discarded, unless the parent contacts the school nurse and requests they be held.**