Permission for School Administration of Prescription Medication

Prescription medications are medicines that require a written prescription from a health care practitioner. For a child to be given a prescription of medicine at school, the child's health care practitioner and the child's parent or guardian should sign a permission form.

A permission form for prescription medicines is provided on the next page. Because the instructions for some medications require more space than is provided on the form, some health care practitioners may prefer to use a practice specific form.

Schools may have special rules for prescription medicines and may require parents or guardians to sign additional forms.

A responsible adult should deliver the medicine and permission form to the school. The medicine must be in the original container with the label on it.

Permission for School Administration of Prescription Medication **Richland County School District One** **School Year:** _____	For school use only: ❑ Routine ❑ PRN (As needed) Start Date:_____

When possible, medications should be administered by the parent/guardian before or after school hours. The first dose of any medication that your child has not taken before will not be given during school hours. Prior to your child receiving any prescribed medications during the school day, this form must be completed with the prescribing physician's signature and the signature of the parent/guardian for each medication. For the school nurse to comply with the medication order, the medication must be in its original labeled container by the pharmacy. If you receive "Sample" medications from your health care provider, the sample medications must be in a container that appropriately identifies the medication and your child.

By signing this form, the parent/guardian and health care practitioner acknowledge that information from this form may be included in the student's Individual Health Care Plan, if applicable.

Child's Name _____ Date of Birth _____

Name of School Child Attends _____ Grade _____

Is child allergic to any food, medicines, or other items? ❑ No ❑ Yes (List allergies.)

Medication:		Medical Diagnosis:	ICD-10 Code:
Dosage:	Route:	Frequency: (e.g., daily)	Time medication to be given at school:

Anticipated number of days medication will be given at school: ❑ until end of the current school year ❑ _____weeks ❑ _____days ❑ until end of Summer School for the current school year	Special storage requirements: ❑ None ❑ Refrigerate ❑ Other (please specify) Is this medication a controlled substance? ❑ No ❑ Yes
Possible Side Effects:	

_____ _____

Prescribing Health Care Practitioner's Signature **Date**

Stamp, Print or Type Health Care Practitioner's Name, and Address:	Office Telephone Number Office Fax Number

The following section is to be completed by the child's parent or guardian.

I give permission for the prescribed medication noted above to be given to my child during the school day. I give permission to the school nurse or school administrator to contact the healthcare practitioner named above or the pharmacist who filled out the prescription to discuss this medication and my child's health. I give permission to the healthcare practitioner named above, the pharmacist, and/or their designated employees to provide information about this medication and my child's health to the school nurse or school administrator. I give permission for the trained Unlicensed Assistive Personnel (UAP) to assist my child with medication when the school nurse is unavailable. I also give permission for this form to apply if I transfer my child to another school in Richland County School District One during the current school year and Summer School. I will not hold the school, school district, or school personnel liable for any adverse drug reactions when the medication is administered according to the prescribed method. I agree to notify the school if my child's medication changes or changes with my contact information.

Signature of Parent/Guardian _____ Date _____

Print or Type Name of Parent/Guardian _____ Day Telephone Number _____