Merrimack School District

Parental Permission to Administer Medications

Name of Student:_____Date of Birth: _____

Student Weight:_____(OTC meds dose is often determined by weight) Grade: _____

Allergies:_____Medications Taken at Home: _____

THIS FORM MUST BE RETURNED TO THE HEALTH OFFICE BEFORE ANY MEDICATION WILL BE ADMINISTERED. COMPLETE THE SECTIONS THAT ARE APPLICABLE AND INDICATE N/A ON THOSE THAT ARE NOT APPLICABLE.

Prescription Medications

Before any prescription drugs may be administered to any student, the parent must complete and sign this form and must also submit the Prescription Authorization Form completed by student's medical provider.

Over-the-Counter Medications

Below is a list of over-the-counter medications approved by the Merrimack School District. Please initial the medications listed below that you authorize the District to administer to your child as needed.

School Provides:

_____Tums
_____Ibuprofen (Motrin, Advil)
_____Acetaminophen (Tylenol)
_____ Benadryl / Zyrtec (for emergency allergic reactions)

Please initial other Over the Counter Medications that YOU will provide and authorize the District to administer to your child as needed.

_____Other: _____

PROCEDURES FOR ADMINISTRATION OF MEDICATIONS

- A new Parental Permission to Administer Medication form must be completed when the student enters a new school or there is a change in the approved OTC medication for a student. A new Prescription Authorization form is required if there is any change in the student's prescription medication or dosage.
- All prescription medications must be supplied by the parent to the Health Office and must be in a small original prescription container containing the student's name and the required dosage. Parents are responsible for assuring that an adequate supply of the medication is available in the Health Office.
- Any over-the-counter or prescription medications not picked up by the parent by the end of the school year will be disposed of by the District.
- Controlled Medication may not be transported by a student and will not be released to a student at any time, other than the dispensing of an authorized dosage.
- Only the School Nurse or other school personnel designated by the School Principal can dispense prescription or over-the-counter medicine to students. If the school nurse is unavailable, or if the student is on a field trip, the school

principal or his/her designee may assist the student in taking required medication(s) by making such medication(s) available as needed; and by observing the student as he/she takes or does not take his/her medication.

- The School Nurse, or other designated school personnel, will determine when it is appropriate to administer the OTC medication(s) identified above. The OTC medication will be dispensed in accordance with the specifications on the medication label, unless a note from a physician specifically authorizing a different dosage has been provided to the Health Office.
- Prescription medications will be administered at the times and in the dosages specified on the PRESCRIPTION AUTHORIZATION FORM COMPLETED BY THE MEDICAL PROVIDER.
- Parents are responsible for notifying the school nurse if their child took any medication before school.
- Please refer to the Merrimack School Board Policy; *Administering Medication to Students*

I have read and understand the above Procedures and the attached Merrimack School Board Policy. I authorize the Merrimack School District to administer any of the above indicated medications to my child during the school day or during school sponsored trips. I understand that my child must assume responsibility of reporting to the Health Office for the medication. I certify, to the best of my knowledge, that my child does not have an allergy or sensitivity, I will notify the school nurse immediately. This authorization shall take effect on the date listed below and shall stay in effect until I submit a new permission form or revoke permission in writing. I understand that the Merrimack School District does not assume responsibility for the effectiveness or adverse effects of any medications provided hereunder and I hereby release the Merrimack School District, the Merrimack School Board, and its agents and employees from all liability, claims, and causes of action for injuries related to the administration of or failure to administer any medication, except for injuries resulting from the district's intentional misconduct or gross negligence.

Parent Signature: _____ Date: _____