

Education law is very strict in the control of over-the-counter and prescription drugs; therefore, we ask all families involved to follow this outline. Most medications can be given outside of the school hours. Please ask your doctor to schedule as such.

If, however, during the school year it becomes necessary for your child to take medication ordered by a doctor while in school, please adhere to the following rules:

- 1. Doctors must fill out and sign a written order.
- 2. Parents must fill out and sign a written request.
- 3. Medication must be properly labeled from your pharmacy with the patient's name, dose, name of medication and date.
- 4. Parent is to bring the medication into the nurse. Any medications brought in by the student will not be administered.
- 5. **NO** student is to have **ANY** medication with them at school without a prescription on file in the nurse's office that states "may carry".

On the reverse side is a medication order/request form to be used should your child need it.

PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES

| | ld | DOB | receive the |
|--|--|--|-------------------------|
| medication as prescribed be | elow by our physician. I und container from the pharmac | lerstand that the medication | |
| Signature (Parent or | Guardian): | | |
| Telephone: Home _ | Work | Cell | Date |
| B. To be completed b | y physician: | | |
| I request that my pa | tient, as listed below, receive | e the following medication: | |
| Name of Student | Name of Student DOB | | |
| Diagnosis: | | | |
| MEDICATION | DOSAGE | FREQUENCY/TIME TO BE TAKEN | ROUTE OF ADMINISTRATION |
| | | | |
| | | | |
| | | | |
| Duration of Treatment: | | | |
| Possible Side Effects and A | dverse Reactions (if any): | | |
| PLEASE CHECK ONE: | | | |
| participate in. ☐ Student may not car | rry Benadryl / inhaler / epi-pe | vith them in school and any sen with them in school (Medication) | |
| Physician's Signature | | Date: | |
| Address: | | Phone: | |
| | orders must have appropria | te meds with them at all time | es, but only the meds |

^{*} Medication must be in the original pharmacy labeled container with specific orders and name of medication.

^{*}Medication and refills must be brought to school by a parent, guardian or responsible adult.