PERMISSION FOR MEDICATION DURING SCHOOL HOURS

A. Student's Name _____ Grade/Teacher _____

B. Medication _____ Tablet/Capsule Liquid Ointment

C. Dosage _____

D. Time to be given _____

Student's health problem _____

Specific directions concerning the medication: (i.e. take with milk or water, or meals, take on empty stomach - one hour before or two hours after meals, refrigerate. Do not administer with carbonated beverage, fruit juice, or dilute with water.)

Side effects that the school staff should be aware of: (student will be drowsy, irritable, nauseated, etc., unable to participate in P.E., unable to operate machinery, etc.)

Above medication prescribed by:

_____ _____

* Physician (signature-see below) Date

_____

Address and telephone number if not local physician

Dates this permission form is in effect:

_____ 20___ to _____ 20___

Can this information be shared with staff serving your child? YES or NO

_____ _____

Parent/Guardian Signature Date

Send prescription medication in the prescription container, and over-the-counter medication in the original container or package. Only properly identified medication (labeled above A through D) will be administered. Send only enough medication for school days. Ask the pharmacist to provide the school with a school-time bottle, inhalers, etc.

When students are on repeated doses of aspirin substitutes, medication should be provided by the parent and follow the same guidelines for prescription drugs. School will not administer aspirin to students.

When available the school nurse will be responsible for administering your child's medication and supervise the schedule; otherwise the office staff, preschool/kindergarten teacher or teachers on field trips will dispense per your direction or your doctor's directions.

Usually medications that are required to be administered three times a day can be administered outside of school hours.

If medication is to be administered on a 4-hour interval or less, please notify the school when last home dose was given.

* **Physician signature** is required on all long term school medication schedules lasting a month or longer (Ritalin, asthma medication, etc.).

Return this form to the school the next school day.

South Winneshiek Community School District