

Medication Administration Permission Form

- 1. No medication is to be given or permitted to be taken during the school day unless a permission form is signed by the parent. These forms are available at the school offices and online. This completed form is required before your child can take medication at school. The definition of "medication" includes those that are prescribed by doctors and those purchased over the counter, such as antacids, acetaminophen (Tylenol), cough medicines and the like.
2. Medication will only be administered from the original bottle or container. Only school employees who have been "certified" to dispense medications will be allowed to do so.
3. The medication container must include the following information: Name of medication, dosage, time to be given, name of pupil and route of administration; such as by mouth, eye drops, etc.
4. All medications will be kept in a secure locked location in the school office.
5. Self-administration by a student-carried asthma inhaler requires parent signature below, releasing liability from the school for any issues resulting in the student's self-administration.
6. Medications that will not be given at school: alternative, research, herbal medications, supplements, vitamins, laxatives, other medications that are once daily and can be given at home(not during school hours) Also, antibiotics that do not need to be taken with food.
7. Students in grades 9-12 are responsible for coming to the office at their prescribed medication time to take their medication. Certified staff will ensure students in grades PK-8 take their medication daily.

This completed form is required before your child can take medication at school.

Lea Ahrens, School Nurse (MS & HS)

Elizabeth Swenson, School Nurse (NEH, PV, SS)

Medication Permission Form
MUST BE COMPLETED BY PARENT OR GUARDIAN

Name of Student _____ Grade _____

Name of Medication _____ Dosage _____ Time to be given _____

Name of Medication _____ Dosage _____ Time to be given _____

Name of Medication _____ Dosage _____ Time to be given _____

Parent Signature _____ Date _____ Phone Number _____

Self-Administered Medications/Student Carried Inhaler:

I request the above named student to carry and self-administer the above medication or asthma inhaler at school and school activities. I understand the school district and its employees shall incur no liability for any improper use of medication or for supervising or monitoring this student self-administration of medication. Controlled drugs (Scheduled I, II, III, IV) need to be kept in the office.

Parent/Guardian Signature _____ Date _____

This permission form is valid for one calendar school year.