

Tabernacle School District

MEDICATION PERMISSION FORM

I HEREBY REQUEST THE FOLLOWING MEDICATION TO BE GIVEN TO MY CHILD AT THE PRESCRIBED TIME AND DOSAGE BY A CERTIFIED SCHOOL NURSE/ SUBSTITUTE SCHOOL NURSE.

NAME: _____

SCHOOL _____

ADDRESS _____

AGE: _____

SCHOOL YEAR: _____

PARENT/GUARDIAN SIGNATURE

DATE

PHONE # _____

.....
TO BE COMPLETED BY PRIVATE PHYSICIAN;

DIAGNOSIS: _____

NAME OF MEDICATION: _____

DOSAGE: _____ TIME OF ADMINISTRATION _____

DATE TO BEGIN _____ DATE TO END _____

SIDE EFFECTS: _____

IN THE EVENT OF SCHOOL TRIPS, STUDENT MAY SKIP MEDICATION DOSE FOR THAT DAY

YES _____ NO _____

Office Stamp

PRINTED NAME OF PHYSICIAN

PHYSICIAN'S SIGNATURE

DATE

PHONE #

PLEASE NOTE:

1. Medication is to be brought to school in the original container by an adult.
Prescription medications must have pharmacy label attached.
2. All medications will be kept in a locked storage area.

ADMINISTRATION OF MEDICATION IN SCHOOL

***It is encouraged that medications prescribed twice or three times daily be administered at home.**

When the administration of prescription or over the counter medication is necessary during school hours, the following guidelines are to be followed:

1. The parent/guardian must provide a written request for the administration of medication in school. (See medication permission form)
2. A written order is to be provided to the school from the private physician. This order must include diagnosis/type of illness, name of drug, dosage, time of administration and potential side effects. (See medication permission form)
3. The medication is to be brought to school by the parent/guardian in the original container. All prescription medications, including inhalers, must have the prescription label attached to the container.
4. The school will provide a secure locked space for the storage of all medications.
5. The school nurse and parent/guardian are the only people permitted by law to administer medication in school.
6. The recording process required is maintained by the school nurse.
 - The **self-administration** of medications for life threatening illness such as asthma or allergies is permitted provided the appropriate forms are completed. Contact your child's school nurse for further information.
 - **No medications will be accepted without the required written orders from your child's physician.**

Please note that when there is a change in daily schedule (such as delayed openings, half days) the school nurse will administer the medication at the prescribed time on this form unless directly notified to the contrary by the parent/guardian.