PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

Name of Student

School ____________________________ Grade __________________________

Teacher ____________________________________________________________

Medication __________________________ Dosage __________________________

Time of day medication is to be given __________________________

Purpose of medication _____________________________________________

I hereby give my permission for ______________________________________
to take the above medication at school as ordered. I understand that it is my responsibility to furnish this
medication. I further understand that any school employee who administers any drug or non-prescription
medication pursuant to parental written request to my student in accordance with written instructions from the
physician or dentist shall not be liable for damages as a result of an adverse medication reaction suffered by
the student because of administering such medication.

I hereby authorize Shawnee Heights School District #450 Registered Nurses to exchange information
regarding this request with the prescribing physician and with the pharmacy as identified on the affixed
pharmacy label if clarification is required.

__________________________________________  __________________________________________
Date Signature of Parent or Guardian

Note:
ALL medication is to be brought to school in the original container appropriately
labeled by the pharmacy, physician or manufacturer, stating the name of the
medication and the dosage.
GUIDELINES FOR MEDICATIONS AT SCHOOL

- All medications must be kept in the health room and are administered by the health staff during school hours. Over the counter medications must be taken to the nurse’s office immediately upon arriving at school.

  Parents/guardians should be responsible for transporting prescription medications to and from school for their students. If there is extenuating circumstances that prevent this from occurring, the school’s registered nurse needs to be notified.

- All prescription medications must have a current pharmacy label. This includes inhalers. WE CANNOT GIVE THE MEDICATION WITHOUT THIS LABEL.

- If your doctor gives you a professional sample medication to use, we must have a doctor note OR a photocopy of a prescription for the drug.

- All medications must come to school in the original containers, accompanied by a permission note from the parent.

- Foil wrapped over-the-counter medications need to come in the original box with the directions. WE CANNOT GIVE MEDICATION WITHOUT THIS CONTAINER. Be sure these medications are age appropriate for your child.

- Dosage changes from the label: We need to be notified by a note from the doctor with the new dosage listed, and a new parent permission form needs to be signed.

- Medications to be taken 3 times a day can usually be done before school, after school and bedtime, thus avoiding the need to take it at school.

- We do not give aspirin or medications containing aspirin at school to children without a doctor’s order. This is due to the connection to Reyes Syndrome.

- Herbal, natural or homeopathic remedies will not be administered at school without a written authorization from the primary care physician.

- In most cases we do not give narcotics at school. The registered nurse in each school will make this decision. It is recommended that students recover from injuries or surgery at home and be able to switch to non-narcotic pain medications before returning to school.

Parents or legal guardians may come to school to administer the medications if they choose.

Thank you for your cooperation. If you have any questions feel free to call us at school in the health room.