

MEDICATION REQUEST FORM

The purpose of administering medication in school is to help each student maintain an optimal state of health to enhance his/her learning abilities. **Medications should be given at home whenever possible** (i.e. if student needs medication 3 times daily it should be given before school, after school and before bedtime). **No medication is provided by the school.**

If a student must bring medication to school, please be advised of the following:

1. Students may **not** have medication in their possession while on school premises. **All** medications must be kept in the school office at all times.
2. Parents must fill out and sign a medication request form any time a student is to take medication at school.
3. **Medication (whether prescription or over-the-counter) must be in the original container. Liquid medication should include a medicine cup/spoon.**
4. Prescription medication label will serve as written order of a practitioner.
5. Over-the-counter medication **must** have child's name, medication name, dosage instructions, specific dosage times and any other pertinent instructions.
6. Refrigeration is available, if required.
7. Medication will be administered by school personnel.
8. Documentation of all medication given by school personnel will be kept in the school office.
9. Parents are responsible at the end of the treatment regime and/or school year for removing from the school any unused medication which was prescribed for their child.

This form must be completed any time during the school year that it becomes necessary for a student to take medication (either prescribed or over-the-counter) during the school day. It will be kept on file in the school office.

I request that the medication described below be administered to my child during the school day. I will provide this medication in the original container and I understand that this medication will be administered to my child only by designated school personnel and that the medication will be kept secure in a cabinet or refrigerator. This consent is valid for one year and must be renewed annually or whenever there is a change in medication.

Student _____ **Grade** _____

Medication _____ **Prescription**

Dosage _____ **Over-the-counter**

Days medication to be given _____

Time to administer _____ am _____ pm **as needed**

Refrigeration required? _____

Parent Signature

Date