

Medication Policy

Prescription Medication:

1. Brought to school in original container from pharmacist. *
2. Written request by the parent giving permission for such administration.
3. Written order from prescribing licensed physician, certified registered nurse practitioner, or physician assistant.

Over the Counter Medication:

1. Brought to school in original container labeled with student's name
2. Written request by the parent giving permission for such administration including complete instructions for administration.
3. Written order from prescribing licensed physician, certified registered nurse practitioner, or physician assistant if medication is required for more than 1 week.

All medications must be delivered to/from school by the parent/guardian or an adult designated by the parent.

NO more than a 30 day supply will be accepted (per Department of Health Medication Guidelines)

* 2 bottles should be requested from pharmacy – one for home and one for school.

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

Date _____

Student's Name _____ School _____

Grade/Homeroom _____ Homeroom Teacher _____

Date of Birth _____ Sex _____

Name of Medication* _____ Dosage _____

Procedure _____

Reason for Medication _____

Duration of Treatment _____

If you have questions, please contact: _____

Parent Signature

Physician Signature

* ALL medications **MUST BE** brought to school in original container.