

ADMINISTRATION OF MEDICATIONS TO STUDENTS

(Permission Form for Prescription and/or Over-the-Counter Medications)

School: _____

Date Form Received by the School: _____

Student's Information

Name: _____ Age: _____ Date of Birth: _____

Homeroom/Classroom: _____ Grade: _____

Please list any medical information you would like the district to be aware of in order to adequately assist your student in an emergency (for example, medications, allergies, etc.): _____

Medication/Prescription Information

☐ Prescription Medication ☐ Over-the-Counter Medication Provided by Parent/Guardian

Name of Medication: _____

Reason for Medication: _____

Form of Medication/Treatment: ☐ Tablet/Capsule ☐ Liquid ☐ Inhaler
☐ Injection ☐ Nebulizer ☐ Other: _____

Describe Schedule and Dose to Be Given at School: _____

If "As Needed," Indicate Maximum Dosage per Day: _____

Restrictions and/or Important Side Effects? ☐ Yes ☐ No

If yes, please describe: _____

Special Storage Requirements: ☐ None ☐ Refrigerate ☐ Other: _____

Physician's Information

Physician's Name: _____

Address: _____

Phone: _____ Fax: _____

FILE: JHCD-AF2

Note to the School: Please report concerns about medication or the student's condition to the above physician.

I give permission for _____ (student's name) to receive the above medication at school.

Please Indicate Additional Information: ☐ On the Back of this Form ☐ As an Attachment

I also give district employees permission to contact the student's physician directly to provide information on the student's condition. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any information provided on this form changes or if administration of medication should cease.

Signature: _____ Date: _____

Relationship: _____

Home Phone: _____ Work Phone: _____ Emergency Phone: _____

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 12/19/2002

Last Revised: 09/30/2003

School District of Macon Co. R-I, Macon, Missouri