

Dispensing of Medication to Students

****Medication Be Renewed at the Start of Each School Year****

In order for the school nurse or office staff to give your child any medication during school hours, school sponsored activities and/or field trip all of the following requirements must be met:

1. **All prescription medications** must be in their original pharmacy containers, which are properly labeled with the following information:

Student's name, Name of medication, Dose/Time, Prescribing Doctor.

2. **All non-prescription medication (over the counter)** must be in a container clearly labeled with the following information:

Student's name & grade, Name of medication, Dose/Time.

3. **A signed note from the parent** giving the school nurse or office staff permission to dispense the medication during school hours.

4. Students are **NOT** allowed to have medications in their locker or on their person with the **exception of asthma inhalers and epipens** that may be carried with a physician's written order on file in the nurse's office.

Student Name _____ *Grade* _____
Medication _____
Dosage _____ *Times to administer* _____
Reason for Medication _____

Physician's Signature _____ *Date* _____

I, being the parent/guardian of the above named student give the school nurse or office staff permission to discuss with the doctor this medication order and administer the above medication to my child.

Parent/Guardian Signature _____
Date _____