

# Medication Permission Form

School personnel will cooperate with parents in circumstances where it is necessary for a student to take **Prescription or Over the Counter Medication** during the school day in order to remain in school. Medication should be given at home using a schedule that does not require doses during the school day whenever possible (example: ordered 3 times a day- give before school, after school and before bedtime). The following procedures must be followed for medication to be dispensed:

1. The medication must be sent to school in the original pharmacy container with the pharmacy label. The student's name, name of the medication and dosage must be clearly noted.
2. A medication permission form from parent/guardian must be on file at school.
3. It is recommended that medication that is a controlled substance (Ritalin, Adderall, etc.) be brought to school by parents/guardians (maximum amount- 30 pills or one month supply).

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## Permission Form for Dispensing Prescription or Over the Counter Medication

_____	_____	_____	_____
Student Name	Grade	Teacher	ID Number

Name of medication: \_\_\_\_\_

Prescribed dosage: \_\_\_\_\_

Time of day for the medication: \_\_\_\_\_

Reason for the medication: \_\_\_\_\_

Length of time medication is to be given: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

### Over the Counter Medication

**Over the Counter Medication** (Tylenol, Advil, cough syrup, etc.) will be given only if prescribed by a doctor and provided by parents (See USD #475 Medication Guidelines). In lieu of a pharmacy label there needs to be a written statement from the physician OR prescriber signature on this completed form.

_____	_____
Date	Signature of Prescriber (Licensed physician, dentist, nurse practitioner, physician assistant)

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### Permission/Release Statement to be completed by Parents/Guardians

I hereby give permission for designated school personnel to dispense the above medication as prescribed by the health care provider to my child, \_\_\_\_\_. I understand that any school employee who administers this prescription to my child in accordance with the written instructions from the prescriber shall not be liable for damages as a result of an adverse reaction suffered by the student because of administering such drug or because of a mislabeled or altered product. I hereby authorize a USD #475 school nurse to exchange information with the prescriber and with the pharmacy identified on the affixed pharmacy label.

_____	_____
Date	Signature of parent/guardian