

USD #475 Medication Guidelines/Permission Form

Grades Pre-K-5th

School personnel will cooperate with parents in circumstances where it is necessary for a student to take **Prescription** and/or **Over the Counter Medication** during the school day. 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 on it**. Student's name, dosage, and name of the medication must be clearly noted.
2. A medication permission form must be on file at school.
3. The first dose of medication must be given at home.
4. It is recommended that medication that is a controlled substance (Ritalin, Adderall, etc.) be brought to school by parents/guardians.
5. A maximum of 30 pills (a one month supply) should be brought to the school at one time.

Permission Form for Dispensing Prescription or Over the Counter (OTC) Medication

Student Name

Grade

Teacher

Name of Medication: _____

Prescribed Dosage: _____

Time of day for the medication: _____

Reason for giving medication: _____

Length of time to give medication: _____

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)

Permission/Release Statement to be completed by Parent/Guardian

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