

Board Policy

Code No. 507.2E2

PARENTAL AUTHORIZATION & PERMISSION FOR ADMINISTRATION OF PRESCRIPTION AND OVER THE COUNTER/NONPRESCRIPTION MEDICATIONS

Student's Name _____ Grade _____

Medication _____ Dosage _____

Time to be Given _____

Physician _____

Medications are dispensed following these district policies:

1. Label contains:
 - Student name
 - Name of medication
 - Date of prescription
 - Name of physician
 - Directions for use
 - Duration
2. Authorization is signed by parent(s), guardian(s), or person(s) in charge of student and dated.
3. Medication is in the original labeled container.
4. No over-the-counter medications will be dispensed by school personnel without a doctor's order in elementary. Secondary Students need parent permission (i.e., cold remedies, vitamins, etc.).
5. Any changes must be made in writing.
6. Inhalers and Epi-Pens may be kept with the student and self-administered (See Below).

I request the above student be given medication at school according to the prescription or nonprescription instructions and a record maintained.

I agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medication and equipment or it will be properly destroyed. I authorize designated school personnel to dispense my student's routine or emergency medications if needed during field trips.

Parent signature: _____ Date _____

Physician signature (Over the Counter Only) for elementary students:

_____ Date _____

Please submit this request to the school nurse or principal.

Reapproved: March 5, 2007

*Revised: April 2004
May 16, 2005
August 6, 2012
May 4, 2015
October 28, 2021*