

4.35F—MEDICATION ADMINISTRATION RELEASE FORM

Date: _____ School _____

I request that you give medication to my child during the school day in accordance with Board policy printed below. The school staff/designees are authorized to administer the prescribed medication. I will not hold the school responsible for any undesired reaction that may occur as a result of taking this medication and the school will not be held responsible for failing to give the medication. I will be responsible for payment of any emergency care/ambulance service for treatment and/or transportation of my child. The school nurse has my permission to consult with my child's physician regarding his/her medication and condition. In accordance with "Alex's Law", 6-18-707, I understand that my signature below allows my child to carry and self-administer any prescribed inhaled bronchodilators and auto-injectable epinephrine unless otherwise noted in the comments area of this release form.

(Parent/guardians signature)

Comments _____

Student's name: _____ Grade _____ Teacher _____

Name of Medication _____ Dosage _____

Time of administration _____ Physician _____ Phone _____

For the treatment of the following illness: _____

In case of emergency call: _____ Phone _____

_____ Phone _____

Medication Policy and Guidelines

Administering medications by school personnel is a Board approved procedure instituted to meet the health requirements of individual students so that they can attend school. These guidelines and policies are written in accordance with the standards of the State Department of Education. Before assuming the responsibility of administering medicine, school personnel will make every effort to determine if the medication can be given before school, after school or during the lunch hour by the parent. If administration at school is deemed necessary, the following guidelines must be adhered:

1. The medication must be in a properly labeled prescription container.
2. The *Medication Administration Release Form* must be completed and signed. Hand written notes are **NOT** acceptable.
3. PRN (as needed) or OTC (over the counter) medications at school are strongly discouraged. If a physician feels that a student will require these medications while at school then a note from the physician shall be provided that states the student name, medication, dose, time to be given, and physicians name. A prescription label should be placed on the medicine container.
4. Asthma inhalers and auto-injectable epinephrine in properly labeled containers may be administered in accordance with the above mentioned "Alex's Law".
5. Medications ordered three times a day or less **will not** be given at school with exception of those medications strictly prescribed for behavioral disorders.

This consent form must be signed prior to any medication being administered at school.

Date Adopted: 9-12-06

Last Revised: