

STUDENT HEALTH SERVICES EXHIBIT

Permission for the Use of Medications

The district strongly recommends that whenever possible, all medications, even non-prescription, be kept by the school nurse/teacher. **However, students may carry medications and self administer only if the following conditions have been satisfied:**

1. the following form is completed;
2. you have educated your daughter/son in regard to responsible usage of this medication;
3. the student is found to be responsible by school officials;
4. only a one day supply is carried, except for inhalers; and
5. if irresponsible use is noted, privilege will be rescinded.

| Child's Name | Birthdate | Today's Date | Medication Allergies |
|--------------|-----------|--------------|----------------------|
|--------------|-----------|--------------|----------------------|

NON-PRESCRIPTION MEDICATION

1. Medication _____
 Dosage _____
 Time to be given _____
 Reason to be given _____
 Comments _____

____ Student appears mature and responsible and self-medication is part of a therapeutic plan. Student was instructed in proper use and will carry and self-administer medicine.
 ____ Please have school nurse store and administer medication.

 Signature of Parent/Date/Telephone #

PRESCRIPTION MEDICATION

1. Medication _____
 Dosage _____
 Time to be given _____
 Reason to be given _____
 Comments _____

____ Student appears mature and responsible and self-medication is part of a therapeutic plan. Student was instructed in proper use and will carry and self-administer medicine.
 ____ Please have school nurse store and administer medication.

 Signature of Physician/Date/Telephone#

 Signature of Parent/Date/Telephone#