

## PERMISSION FOR MEDICATION (PRESCRIPTION AND NON-PRESCRIPTION)

The medication policy of the Greene County School System states that trained personnel may assist with the self-administration of medication if a "child is required to take non-prescription or prescription medication during school hours and the parent cannot be at school to administer the medication". Medications must be brought in the original container with pharmacy label attached or in the manufacturer's original labeled container. Medications will be placed in a locked cart or box. Parents/guardians should bring medication to the school and are responsible for removing from the school any unused medication or it will be properly disposed of at the end of the year. Medication **will not** be sent home on the bus. This permission form must be renewed at each school year.

### To be completed by parent

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

School personnel assist with the self-administration of medication. My child is competent to take this medication as directed. The school nurse has permission to communicate with the healthcare provider regarding this medication, including, but not limited to, orders, clarification of orders, diagnosis, etc.

DATE \_\_\_\_\_

REQUIRED PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

HOME PHONE \_\_\_\_\_

EMERGENCY PHONE \_\_\_\_\_

### To be completed by Physician: (Or by parent for as-needed, over-the-counter medications only)

Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Tabs/Tsp, Puffs, Etc \_\_\_\_\_ Total mg dose

Route \_\_\_\_\_ (By Mouth, Topical, Inhaler (see below), Etc.)

Time of Day Medication Is To Be Taken \_\_\_\_\_ (Ex. Lunch)

Purpose of Medication \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Anticipated Number of Days It Needs To Be Given At School \_\_\_\_\_

**\*Required for inhalers: This student has asthma and has been instructed in the proper use of this inhaled medication. \_\_\_\_\_ yes \_\_\_\_\_ no. This inhaler is to be \_\_\_\_\_ kept in the locked medication area, OR \_\_\_\_\_ given to the student to keep in his pocket, backpack, etc. as long as improper use is not observed.**

**\*Required for Epi-Pens: Student may carry Epi-Pen \_\_\_\_\_ yes \_\_\_\_\_ no**

DATE \_\_\_\_\_

SIGNATURE OF PHYSICIAN \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE# \_\_\_\_\_

**EPI-PENS** will be kept in a locked medication cart or box unless parents contact school nurse at 798-2646 and physician has noted above.

**Schools should notify school nurse for students with inhalers and epi-pens.**

**Over-the-counter medications to be given as needed do not need a physician's prescription.**

Rcvd. By \_\_\_\_\_

Date \_\_\_\_\_