



# BELMONT ACADEMY

## PARENT REQUEST FOR ADMINISTERING MEDICATION AT SCHOOL PERMISSION FORM

School: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade Level: \_\_\_\_\_

I hereby certify that it is necessary for \_\_\_\_\_  
(full name of student)

\_\_\_\_\_  
(Address)

to be given the medication listed below during the school day, including when he/she is away from school property. I understand such medication may be administered by a non-medically trained staff member designated by the principal if the school nurse is not available. **The first dosage of any new medication shall not be administered during school hours due to the possibility of an allergic reaction. The medication prescribed for the student MUST come in the original container. All other over the counter medicine must come in the original container as well.**

Name of medication: \_\_\_\_\_

Amount of medication brought to school: \_\_\_\_\_

Dosage to be given: \_\_\_\_\_ Route of Administration: \_\_\_\_\_

Time(s) of Administration: \_\_\_\_\_

Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Side effects: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Any Medication Allergies: \_\_\_\_\_

Special instructions/comments: \_\_\_\_\_

Emergency telephone numbers: Mother/work: \_\_\_\_\_ Home: \_\_\_\_\_

Father/work: \_\_\_\_\_ Home: \_\_\_\_\_

Other emergency contact person/name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Parents are requested to pick up any leftover medication on the last day of school. Medicine left after this time will be discarded.

Parent phone calls are insufficient to change dosage or time. There will be no changes in the dosage or times of medication administration without a physician's written permission/authorization. Each administration must be recorded on the Student Medication Administration form.

Date: \_\_\_\_\_ Parent/Guardian signature: \_\_\_\_\_

- No medication (prescription or non-prescription) will be administered to a child at school, by personnel, **without a completed Parent Request for Administering Medication at school permission form.**
- The medication form is renewed at the beginning of every school year and/or as the prescription changes. School personnel will not change the directions for giving medication **without a new prescription bottle or direct written orders.**
- Prescription medicine requires a written order from the physician and must be in its **original** container with an intact and current pharmacy label.
- Non-prescription medicine **requires a written order from the physician** that includes the information as on a prescription label. This medicine must also be in its **original UNOPENED** container. (examples: Tylenol, Motrin, Benadryl)
- For safety and security, all medication is to be delivered to the school clinic by an adult. **DO NOT SEND MEDICINE IN WITH THE CHILD OR A SIBLING.**
- When it is necessary for students to keep medication with them at all times (examples: inhalers, enzymes, bee sting emergency pens or kits, etc.) a **physician's written order** stating such must be obtained and kept with the Administration of Medications form for each student.
- Medicine **not** picked up at the end of the year will be destroyed or disposed of in an appropriate manner.

It is understand the school is not required by law to provide medication to my child and therefore in consideration of the school's agreeing to administer such medication I agree to hold the school's employees, administrators and health personnel free from any and all responsibility for the manner in which it is administered and to indemnify each of them against loss by reason of any civil judgment arising out of these arrangements which may be rendered against them.

The school is authorized to secure medical services for my child whenever the need or such services is deemed necessary by the principal, school nurse, or staff member.

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_