Medication Request Form

The purpose of administering medication in school is to help each student maintain an optimal state of health to enhance his/her learning abilities. **Medications should be given at home whenever possible** (i.e., if student needs medication 3 times daily it should be given before school, after school, and at bedtime). **No medication is provided by the school.**

If a student must bring medication to school, please be advised of the following:

1. Students may not have medication in their possession while on school premises. All medication must be kept in the school office at all times.
2. Parents must fill out and sign a medication request form any time a student is to take medication at school.
3. Medication (whether prescription or over-the-counter) must be in the original container. Liquid medication should include a medicine cup/spoon.
4. Prescription medication label will serve as the written order of a practitioner.
5. Over-the-counter medication must have a note with it, indicating the child's name, medication name, dosage instructions, specific dosage times, and any other pertinent instructions.
6. Refrigeration is available, if required.
7. Medication will be administered by school personnel.
8. Documentation of all medication given by school personnel will be kept in the school office.
9. Parents are responsible at the end of the treatment regime for removing from the school any unused medication which was prescribed for their child. Medication will not be returned to the student.

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This form must be filled out at any time during the school year that it becomes necessary for a student to take medication (either prescribed or over-the-counter) during the school day. It will be kept on file in the school office.

I request that the medication described below be administered to my child during the school day. I will provide this medication in the original container and I understand that this medication will be administered to my child only by designated school personnel and that the medication will be kept secure in a cabinet or refrigerator. This consent is valid for one year and must be renewed annually or whenever there is a change in medication.

Student____ **Grade**____________

Medication______________________ ☐ **Prescription**

☐ **Over-the-counter**

Dosage_________________________

Days medication to be given: ____

Time to administer: _______**a.m.** _______**p.m.** ☐ **as needed**

Refrigeration required? ______

______________________________________ _________________________

Parent Signature **Date**