

Student Medication Guidelines

All medication must be sent to school in its' original container. The container should be place in a sealed ziplock bag with a note labeled with student's name, medication name and specific dosage instructions of amount, dates, and times to be administered, and signed by parent/guardian.

Prescription Medication: Must be in original prescription bottle with child's name and physician order. It is preferred that only the exact amount to be given at school is sent in the bottle.

Non-prescription Medication: (cold/allergy) Must have written note by parent /guardian specifying dates and items to be given, and must be in original container.

Please provide your child's own over the counter medications such as Tylenol, Ibuprofen, cough drops, etc if they need it more than 4 times per month.

Note: Non- controlled substances only may be sent home with a student if the parent/guardian gives written permission. However, to avoid this, please send in the exact amount required for the treatment period.

Please keep top portion for your reference

Return bottom portion to Nurse

AUTHORIZATION TO GIVE MEDICATION AT SCHOOL

Student Name _____ Teacher _____

Name of Medication Dosage Time Dates to be given

Parent/Guardian Signature _____ Date _____

***My student has permission to transport his/her medication back home when no longer needed in the clinic or at the end of the school year.

Parent/Guardian Signature _____ Date _____