

ADMINISTRATION OF MEDICATIONS TO STUDENTS
(Permission Form for Medications)

Please attach any additional information the district might need to have in an emergency.

School: _____

Date Form Received by the School: _____

Student's Information

Name: _____ Age: _____ Date of Birth: _____

Homeroom/Classroom: _____ Grade: _____

Medication/Prescription Information

Prescription Medication Over-the-Counter Medication Provided by Parent/Guardian

Has the student been given the first dose of this medication? Yes No

Name of Medication: _____

Reason for Medication: _____

Form of Medication/Treatment: Tablet/Capsule Liquid Inhaler
 Injection Nebulizer Other: _____

Describe the schedule and dose to be given at school: _____

If "as needed," indicate the maximum dosage per day: _____

Are there restrictions and/or important side effects? Yes No

If yes, please describe: _____

Special Storage Requirements: None Refrigerate Other: _____

Physician's Information

Physician's Name: _____

Address: _____

Phone: _____

Fax: _____

Physician's Signature _____

FILE: JHCD-AF2
Critical

Parental Permission

I give permission for _____ (student's name) to receive the above medication at school.

I also give district employees permission to contact the student's physician directly to provide information on the student's condition or to clarify medication administration instructions. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any information provided on this form changes or if administration of medication should cease.

Signature: _____ Date: _____
Relationship: _____
Home Phone: _____ Work Phone: _____ Emergency Phone: _____

Notice

Schools in this district are equipped with pre-filled epinephrine auto syringes that can be administered in the event of severe allergic reactions that cause anaphylaxis. Epinephrine will be administered only by the school nurse in accordance with written protocols provided by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with Board policy.

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Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 05/15/2000

Revised: 11/21/2003; 04/17/2006; 02/19/2007

Southern Boone County R-I School District, Ashland, Missouri