

In the event that your student should need to take medication during school or school activities, this form must be completed and turned in to the school office along with the medication in the original container. (Students in grades 9-12 can self-administer medications under controlled conditions. See the Student Handbook for the procedure.)

This form applies to prescription or nonprescription (over-the counter) medications. Over-the-counter medications include Acetaminophen, Ibuprofen, and etc.

Request for District-Administered Medication

Student _____ Date _____

Medication _____ Dosage _____
The instruction "p.r.n" (as needed) must include the maximum dosage in a given period of time.

Time Interval _____ Reason for Rx _____

Special instructions _____

Method of Administration _____

Possible Adverse Reactions _____

The school keeps a small supply of OTC (over the counter) medications for emergency purposes—please circle any of the following that you would like to give the school staff permission to administer to your child as needed (per label instructions).

IBUPROFEN

ACETAMINOPHEN (Tylenol)

I hereby give my permission for _____ to take the above medication(s) at school (or school related activities, trips, and etc.) as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug.

Parent/Guardian Signature

Date

OTC permissions are considered in effect for the entire school year unless otherwise indicated or cancelled by the parent/guardian.