

Request and Authorization for Medication/Treatment Form

Student Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_ Grade \_\_\_\_\_

This form must be completed fully in order for schools to administer the requested medication. A new medication Permission form must be completed each school year for each medication, and whenever there is a change in the medication dosage, method by which the medication is required to be taken, or date(s), or time(s) the medication is required to be administered.

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Medication Name(s): \_\_\_\_\_ Dosage(s) and Time: \_\_\_\_\_

Prescribed \_\_\_Yes \_\_\_ NO OTC \_\_\_Yes \_\_\_No Method (oral, ear drops, etc.): \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

EPIPEN/INHALER ONLY: Please check mark all that apply
In Office Only Student will Carry Both In Office and Student Will Carry
This student must carry this emergency or otherwise necessary medication on his/her person. This student has been instructed in the proper administration of this medication, understands the appropriate dosage and possible side effects and is competent to safely self-administer this medication.

Parents are requested to give medication at home whenever possible. Students will not be permitted to take medication while at school unless such medicine is given them by the school district personnel certified to dispense medication, acting under the specific written request of the parent or guardian and under the written instructions of the student's physician.

When such a request is made by a parent or guardian, a full release from the responsibilities pertaining to the administration and the consequences of such medications must also be presented to the personnel certified to dispense medication upon written authorization of the parent or guardian.

If it becomes necessary to administer medication to students during school hours the following regulations will be observed:
• Prescription medication must be in a container labeled by the pharmacist or health care provider
• Non-prescription medication must be in the original container with the label intact
o Non-prescription medication improperly packaged or labeled will not be administered
• A parent/guardian must bring the medication to the school and pick up any out dated or unused medication
• Pill splitting must be done by the parent/guardian prior to providing medication to school officials
• Students may not carry and self-administer medication unless it is an Epipen/Inhaler as listed above
• Student is responsible for remembering when medication needs to be administered
• No medication except cough drops can be stored in a student's desk, locker, backpack, or student's coat/jacket. If a student demonstrates inappropriate behavior in assuming this responsibility, the parents will be contacted.
• Medications cannot be sent to the DeSmet Schools in envelopes, plastic bags, or other non-pharmacy labeled containers. Prescriptions and non-prescription medications will only be given if it is in the original container and a current authorization is on file at the school.

There may be times when students would benefit from certain medicines at school to treat non-emergency symptoms such as headache, ear ache, stomach ache, or sore throat. These are examples of situations that can make it difficult for a student to do his/her best work, yet are not severe enough to send the student home. This form also gives parents the option of allowing school staff who are trained in medication administration to give medications listed below without calling for permission every time. Nonpharmacological interventions such as heat, cold, food, fluids, or rest will be attempted first. Parents will be contacted if medications are being given frequently or trends are noted. Parents will be contacted to pick up a student if fever is present.

Please indicate with your initial which of the following unscheduled medications you give permission for your child to receive.

Tylenol (dosed according to weight): \_\_\_\_\_ Ibuprofen (dosed according to weight): \_\_\_\_\_

Other: Please list \_\_\_\_\_ How soon can dose be repeated? \_\_\_\_\_

Would you like to be called each time the unscheduled medication is administered? \_\_\_\_\_

By signing the form I (1) understand that medication shall be provided in a bottle labeled by the pharmacy to include student name, physician name, medication and strength, dosage and time the medication is taken, (2) understand that the district's personnel are rendering a service and will administer the medication only in accordance with the instructions on the label, (3) understand the district and individuals involved will not be liable for any possible adverse effects of the medication, and (4) understand the school may contact the prescribing professional regarding the medication and/or its effects.

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