



PERMISSION TO ADMINISTER MEDICATION

Student Name _____ Date Received ____/____/____

Date of Birth ____/____/____
Grade/Teacher _____ School Year _____

I request that my child receive the following medication at school according to school policy, section 5330, which I have read and understand.

Signature _____ Date _____
Relationship to student _____ Home Phone _____ Work Phone _____

OVER THE COUNTER (OTC) MEDICATION

Medication _____ Dosage _____ Reason _____
Times to administer _____ Start Date ____/____/____ End Date ____/____/____

PRESCRIPTION MEDICATION (to be completed by a physician/prescriber)

☐ Dispensing instructions during the school day , OR ☐ For episodic/emergency events only

Medication _____ Dosage _____ Reason _____
Times to administer _____ Start Date ____/____/____ End Date ____/____/____

☐ Tablet/Capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Topical
Storage requirements: ☐ None ☐ Refrigerate ☐ Other _____

Restrictions and/or side effects. _____

Physician's Name _____ Address _____ City/State _____
Physician's Signature _____ Date _____ Phone Number _____

SELF ADMINISTER MEDICATION

With your permission, your child may self administer medications. If you request your child have these privileges, complete the following. If this is a prescribed medication, the physician must also complete the above portion.

Medication _____ Dosage _____ Reason _____
Times to administer _____ Start Date ____/____/____ End Date ____/____/____

Parent's Signature _____ Date _____

DeWitt Public Schools
Administration of Medications

Parents/guardians should determine, with their physician's counsel, whether a medication schedule can be adjusted to avoid administering medication during school hours. If medications are to be administered during school hours, they must be delivered and registered in the office by the parent/guardian. For purposes of this policy, "medication" shall include all medicines including those prescribed by a physician, over-the-counter drugs, herbal medications, those that are injectable, and those applied as drops to eyes, nose, or medications applied to the skin. Authorization to administer medication shall be issued only in compliance with the following conditions:

- The Permission to Administer Medication form is signed by the student's parent/guardian and physician, if it is a prescription.
- Written instructions signed by the student's parent/guardian, and physician, if it is a prescription, are furnished to school officials.
- Medication to be dispensed is in its original labeled container with student's name.

These instructions shall include the following information:

- a. Student's name
- b. Name of medication
- c. Purpose of medication
- d. Time to be administered
- e. Dosage
- f. Possible side effects
- g. Termination date for administration of medication

When medications are administered, the school will maintain a record that indicates the time and date of the medication, the amount of medication and the adult witness present. The adult in charge shall sign the form. It is the responsibility of the parent/guardian of the student to inform the building principal or his/her designated representative of any change in the child's health or change in medication.

The following guidelines will apply for students who may self-administer and/or self-possess medications (inhalers or epi-pens for example:

- a. Written permission is provided by the parent/guardian and physician, if the medication is a prescription.
- b. Medication to be self-administered and/or self possessed is labeled and prepared by a pharmacy (prescription) or pharmaceutical company (over-the-counter). The label should include the dosage and frequency of medication.
- c. If mis-used, the practice may be discontinued by the building administrator after consulting with the parent/guardian.
- d. The building administrator will inform teachers that the student has permission to self-administer and/or self possess the medication.