EASTERN HANCOCK COMMUNITY SCHOOL CORPORATION
REQUEST AND AUTHORIZATION TO ADMINISTER OVER THE COUNTER MEDICATION
2018/2019 SCHOOL YEAR

All spaces must be complete before medication will be administered at school. This is a two page form.

Dear Parent/Legal Guardian and Health Care Provider:

- This form is valid for the current school year only. No medication shall be administered to a student without the written and dated consent of the student 's parent. The parent or guardian will need to fill out the "permission to administer" form(s) to accompany the medication in order for their child to receive medication at school. The instruction from parents must contain the date, name of student, name of medication, dosage, time to be given or frequency, the specific symptoms requiring this medication, and must be signed by the parent/guardian.
- In order to administer these medications, this form must be filled out in its entirety. Each medication requires its own form to be completed.
- A new form is required for any changes in medication, dose, or administration time.
- The health assistant must be notified in writing when a medication is to be discontinued.
- All medication for students K-8th grade must be brought to school by a parent/guardian, or an adult, age 18 and over, who is on the student's emergency contact. Medication brought to school by a student will not be given and a parent/guardian must come to the school to retrieve the medication.
- Students 9-12th grade may bring in their own medication to the office with the attached form. However, all prescription medications must be brought in by a parent or guardian over 18.
- ***Medication must be brought to the clinic in a new, sealed, unopened container.***
- Medication will not be returned home with students K-8th grade. A parent/guardian or an adult, age 18 and over, who is on the student's emergency contact list, must pick up the medication from the clinic. Again, students 9-12th grade may take their medications home.
- Medication not picked up by the end of the day on the last day of school will be destroyed. Expired medications will also be destroyed. In the event a medication is discontinued, the medication must be picked up by the parent/guardian within five school days or the medication will be destroyed.
- Personnel administering medication are trained on safe medication administration practices on an annual basis. These trained but unlicensed personnel will most likely give medication. A list of trained personnel is on file with the corporation nurse.
- No Aspirin or Aspirin containing medications will be given without a physician's order.
- The parent/guardian should provide any consumables necessary for mediation administration (disposable cups, syringes, spoons, applesauce, pudding, snacks, etc).
- Medication stored in the clinic is only available to the student during the regular school day.
- No OTC meds will be given before 10am.
- A 30 day supply should be brought in, please do not send any economy sized bottles.

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Name of Student: _____Date of Birth: _____ Grade: ____

Medication Name: _____Dose: _____ Route: _____
Condition for which medication is being prescribed:

Time of day dose is to be administered at school **(Parent/guardian must give the morning dose at home. School personnel will not administer AM doses.)**: _____

If medication is to be given "as needed", please list frequency (i.e., "every 4 hours"):
_____

If "as needed", please list specific symptoms requiring medication:

_____

Start Date of Medication: _____ Stop Date(dose will be given on the date specified, but not After):_____

Side Effects: _____

I request that school personnel administer medication as listed above. I certify that I have legal authority to consent to medical treatment for the student named above, including the administration of medication at school.

I authorize the principal, health assistant and school corporation nurse to communicate with the prescribing health care provider regarding this student's medical condition.

I give permission for my student's medical information to be shared with teachers and other school personnel.

I agree to abide by the guidelines regarding medication administration at school. I will provide any supplies necessary for my student to take this medication as prescribed, including cups, syringes, spoons, applesauce, crackers, etc.

Parent/Guardian's Printed Name: _____

Cell Phone Number: _____ Work Number:_____

Home Number: _____ Email Address: _____

Parent/Guardian's Signature: _____Date: _____