

(Required for ANY medication to be administered at school.)

## Request for Medication to be Administered During School Attendance

The USD 320 School District medication policy complies with state law and regulations.

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Birth date: \_\_\_\_\_ Teacher: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Date medication started: \_\_\_\_\_ Reason for RX: \_\_\_\_\_

Time of day administered: \_\_\_\_\_

Anticipated number of days to be administered at school: \_\_\_\_\_

If using an inhaler, is student able to keep at desk/locker and self-administer as needed?  Yes  No

Date: \_\_\_\_\_ Signature of Physician: \_\_\_\_\_

I hereby give my permission for \_\_\_\_\_ to take the above medication at school 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 child in accordance with written instructions from the physician or dentist, shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering the above drug. **Your child should have at least one dose of medicine without an allergic reaction before bringing the medication to school.** The USD 320 school nurse has my permission to call the prescribing doctor regarding this medication and/or the pharmacy as identified on the affixed pharmacy label.

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

### Please Note:

***This form must be completed before any (prescription or over-the-counter) medication is administered at school.***

- The medication must be brought to school in the original container, appropriately labeled by the pharmacy or physician, stating the name of the medication, the dosage, and the number of days to be administered at school.
- Students who are on an on-going prescription must complete a new consent form each school year
- Please check the school handbook for more information.