## REQUEST FOR PRESCRIPTION MEDICATION TO BE ADMINISTERED DURING SCHOOL ATTENDANCE

THE USD 320 SCHOOL DISTRICT MEDICATION POLICY COMPLIES WITH STATE LAW AND REGULATIONS.

Name of Student:	
Teacher:	Grade:
Medication:	Dosage:
Date medication started:	Reason for RX:
Time of day medication is to be give	en:
Anticipated number of days to be ad	ministered at school:
	keep at desk/locker and self-administer as needed? the in fifth grade or above to self-administer as needed)
Date	Signature of Physician
I hereby give my permission for	
Date	Signature of Parent or Guardian

## PLEASE NOTE:

This form must be completed before any <u>(prescription or over-the-counter)</u> 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.