

Crestwood School District

Educational Health Services

PERMISSION FOR MEDICATION ADMINISTRATION AT SCHOOL

STUDENT'S NAME _____

BIRTHDATE _____

ADDRESS _____

SCHOOL _____

We have been asked to give medication at school to the above child. If it is possible would you please adjust timing of the administration to fall outside school hours as having medications in the school always presents a potential hazard to the other children. If, in your opinion, it is essential that this medication be given during school hours in order to maintain an appropriate effect upon the child, may we have this order in writing on this form?

Thank you for your cooperation.

THIS PORTION TO BE COMPLETED BY THE PHYSICIAN

MEDICATION TO BE ADMINISTERED _____

DOSAGE, MODE AND TIME OF ADMINISTRATION _____

LENGTH TO BE GIVEN WITHOUT A SUBSEQUENT ORDER _____

SIDE EFFECTS OF MEDICATION _____

WHAT OBSERVABLE EFFECTS DO YOU WISH US TO REPORT TO YOU? _____

PHYSICIAN'S SIGNATURE _____

DATE _____

PHYSICIAN'S NAME _____

PHONE _____

(Please print or type)

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN

PARENT PERMISSION:

I request _____ Crestwood School District _____ personnel to administer the above medication to

(Student's Name)

Reasonable care will be exercised in the administration of medications.

MEDICATION WILL BE SUPPLIED TO THE SCHOOL IN THE ORIGINAL CONTAINER.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Crestwood School District

Educational Health Services

ADMINISTRATION OF MEDICINES AT SCHOOL

PROCEDURE FOR PARENT TO FOLLOW IF IT IS ESSENTIAL THAT STUDENT RECEIVE MEDICATION DURING TIME OF ATTENDANCE AT SCHOOL AND STUDENT NEEDS HELP FROM STAFF:

1. Have your physician complete the front page of this form: Permission for Medication at School. Return it to school. Instructions must be specific and not depend on school staff judgment.
2. Provide medication in container with the original label from the doctor or pharmacist. This label must have your child's name, the name of the medication, dosage and time of administration.
3. To prevent unsupervised access of your child or other students to the medication, deliver it to school. The quantity acceptable at school is restricted to the amount sufficient for no more than two (2) weeks.
4. You will want to maintain a record of the use of long term medication so that you will know when to replenish the school supply.