



Northview Public Schools

Permission for Medication at School

Date form received by school _____

Student _____ DOB _____ Age _____

Grade _____ Teacher/Classroom _____

TO BE COMPLETED BY PARENT/GUARDIAN (information in this section must be completed for **ALL** medications):

Name of Medication _____ Reason for Medication: _____

Medication Route Tablet/Capsule Inhaler Liquid Injection Nebulizer Other _____

Medication Dosage _____ Special Instructions _____

I give permission for my child, _____, to receive the above medication according to standard school medication policy. We require the parent/guardian to bring the medication in its **original** container.

Authorization includes permission for school personnel and health care provider to contact each other if needed.

Medication and treatment information is kept confidential, but may need to be shared with appropriate staff for emergency care.

Parent/Guardian Printed Name _____ Phone _____

Signature _____ Relationship _____

Date _____

TO BE COMPLETED BY THE PHYSICIAN OR AUTHORIZED PRESCRIBER (must be completed for **all prescription** medication):

Name of Medication _____ Reason for Medication: _____

Medication Route Tablet/Capsule Inhaler Liquid Injection Nebulizer Other _____

Medication Dosage _____ Special Instructions _____

Physician Printed Name _____ Phone _____

Address _____

Physician Signature _____ Date _____

THIS STUDENT IS BOTH CAPABLE AND RESPONSIBLE FOR SELF-ADMINISTERING THIS MEDICATION:

No Yes Yes, Supervised

May this student carry this medication? No Yes

REMINDER TO PARENTS:

ADMINISTRATION OF MEDICATIONS TO STUDENTS

1. No medications will be administered to a student without written permission from parent or guardian; the District's permission form must be signed and on file for each child who receives a medication at school.
2. New authorization is needed at the beginning of each school year.
3. According to school policy, medications administered at school will be limited to ingested medications, unless specific care plans are on file and approved by an administrator or school nurse.
4. All medications must be brought to school by parent or guardian. **IMPORTANT NOTE:** whenever prescription medication pills are brought to school, the parent, or their adult designee, and a designated school employee will count out the pills/tablets together and record this on the student's medication log and sign. PLEASE CONTACT YOUR SCHOOL'S OFFICE BEFORE BRINGING IN YOUR MEDICATION in order to avoid unnecessary wait times.
5. All medications must be in the original container with the student's name on it. School personnel will not administer any medications to a student that are not in the original container.
6. The pharmacy or physician must appropriately label all **prescription** medications. This label must include: Child's name, doctor, name of medication and dosage.
7. No medications are to be kept with the student except those required for asthma or allergic reaction. Specific authorization forms must be filled out for Inhalers and EPI pens; these are available in your school office.
8. The parent or guardian must pick up unused medications by the last day of school. No medications will be stored over the summer. Remaining medications or contaminated medication will be disposed of properly at the conclusion of the school year.

If you have any questions or concerns, please contact the school office.