



MEDICATION PERMISSION

Date: _____

Dear Parent/Guardian,

School personnel are often asked to give medicine to children during school hours. Many medicines can be taken effectively outside school hours. If your doctor feels it is necessary for medication to be administered in school, the following steps must be taken for both prescription and over the counter medications.

1. Submit a written order to administer medication in school from your child's physician. The order must include:

- The child's name and diagnosis
- The medication, dose, time, frequency, and duration of administration
- The name and phone number of the physician

2. Submit your written request that medication be administered to your child in school as ordered by his/her physician

3. Deliver your child's medication directly to the Health Office in the original, properly labeled container or use the "Lock Box" system.

Prescription Medication - Labels should display:

- The student's name
- The name and phone number of the pharmacy
- The doctor's name
- The name, dose, frequency, and route of administration of the medication
- Other necessary directions

Over the Counter Medication - Medications must be in the original manufacturer's container with the student's name affixed to the container. The same applies to drug samples.

"Lock Box" system.

- Your child brings home an empty lock box with its key
- The parent/guardian places the medication in the box and locks it.
 - ❖ Following the guidelines outlined (#3) for prescription medications.
- The locked box containing the medication must be delivered to your child's bus driver by a parent, guardian or responsible adult the following morning.
- The bus driver will then deliver the box to an adult at school upon morning drop off.
 - ❖ Please call or email the school nurse to request the lock box be sent home.

If you have any questions regarding the administration of medication in school, please contact the School Nurse. Please utilize the attached form for the mandatory physician's order and parent's/guardian's written permission.

Kimberly Whelan BSN/RN

PH: 518-862-4962
FAX: 518-437-8677
School Nurse



PHYSICIAN'S MEDICATION ORDER

_____ has been under my care for
Student's Name _____
_____. S/he may attend school, but must take
Condition or Diagnosis _____
_____. This medication cannot be taken
Medication _____
effectively outside school hours. Please administer the medication in school as follows:

Dose: _____ Route: _____ Frequency: _____ Duration: _____

Special Instructions: _____

Doctor's Name (Print)

Doctor's Signature

Date

Telephone Number

PARENT/GUARDIAN PERMISSION

I have read and understand the front of this form. I hereby grant permission for my child to receive _____ as directed by his/her physician.
Medication

Date

Parent/Guardian (Signature)

Telephone Number