

USD 466 Medication Permission Form

(Must be updated by licensed health care provider at the beginning of each school year)

Policy: USD 466 requires that all students who need medication and/or special health services during school hours be in compliance with the following:

1. Permission form must be completed and signed by a licensed health care professional. (A separate form must be completed for each additional medication/treatment ordered.)
2. Permission form must be signed by parent or legal guardian.
3. Medication must be brought to school in the original container, properly labeled with student's name and correct dosage as prescribed.
4. Any changes in dosage, drugs, and/or time of administration should be accompanied by a new signed permission form, and in a newly labeled pharmacy container.
5. Only medication or treatment that is necessary so the student can attend school or benefit his/her educational program should be given during the school day.
6. The building administrator may choose to discontinue administration of medication at school at any time provided that the parents and/or medical provider are notified in advance of the date and the reasons for the discontinuance.

TO BE COMPLETED BY APPROPRIATE HEALTH CARE PROVIDER:

Student's Name: _____ DOB: ____ / ____ / ____

School: _____ Diagnosis/Condition: _____

Medication and/or Treatment ordered: _____

Times and dosages to be given at school: _____

Special orders and/or side effects to be monitored: _____

Self-Administration/Carry of Medication and/or treatment:

Student has been instructed on self-administration of above medication/treatment and is authorized to do so in school: YES _____ NO _____

Printed Name of Physician: _____ Phone #: _____

Signature of Physician: _____ Date: ____ / ____ / ____

TO BE COMPLETED BY PARENT OR GUARDIAN:

I give permission for my child _____ to receive the medication and / or special health care services as directed at school. I also give permission for the school nurse, or his/her delegated representative, and the student's health care provider(s) to share information regarding this diagnosis or condition. I further understand that any school employee who administers any drug to my child in accordance with written instructions from the licensed health care provider shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug. I acknowledge that the school, and its employees, incurs no liability for any injury resulting from the self administration of medication.

Signature of Parent or Guardian

Date

Emergency Phone #