MEDICATION ORDERS FROM PHYSICIAN / DENTIST

School policy requires consent of the parent/legal guardian and a written order from the doctor/dentist before medication can be given to a student by school personnel. This includes over-the-counter medication. The following information is necessary in order to comply with this policy. **ALL REQUESTED INFORMATION MUST BE COMPLETED IN FULL.** Please return the completed form to the health room. (NOTE: This form must also be on file for all students who carry inhalers or Epi-Pens.)

Student ______________________ Birth Date ______________ Phone ______________

Grade ________ Home Room ______________ Teacher ______________________

Allergies ____

TO BE COMPLETED BY THE STUDENT'S DOCTOR / DENTIST:

This student is under my care for (**diagnosis**) ______________________________

Medication	Dosage	Time	Duration

For Asthma Inhalers, Epi-Pens, Insulin Pumps- student shows the ability to self carry and administer the medication.

______ Yes ______ No

______________________ ______________ ______________

(Signature of Doctor/Dentist) (Date) (Phone Number)

MEDICATION MUST COME TO SCHOOL IN THE ORIGINAL CONTAINER WITH THE AFFIXED LABEL FROM THE PHARMACIST. PRESCRIPTION MEDICATION MUST SHOW THE STUDENT'S NAME, THE NAME OF THE MEDICATION, THE DOSAGE DIRECTIONS, THE LICENSED PRESCRIBER'S NAME AND THE RX NUMBER (IF THERE IS ONE).

TO BE COMPLETED BY THE PARENT / GUARDIAN:

I give my permission for the principal or his/her designee to administer the medication as prescribed above to my child. I further agree to:

1. Notify the school if the medication or dosage is changed or discontinued. (Note: If a child does not take a daily scheduled medication for more than 30 days, a new order from the doctor will be required.)
2. Grant permission for the school nurse to confer with the above doctor/dentist regarding my child's health and treatment issues as they pertain to the above medication/diagnosis and his/her educational and behavioral management needs.
3. Cooperate with school personnel in assisting my child to comply with medication administration instructions.
4. Provide safe transportation of the medication to and from school. Medication must be given directly to a school official. **(Note: Students may not transport medication.)**
5. **The order expires at the end of the current school year.**
6. For inhalers, Epi Pens and Insulin pump – It is my opinion that my child understands the correct use of the prescribed medication , demonstrates proper self administration and has shown responsibility in carrying the medication. I also understand it will be my responsibility to ensure the child has his/her medication with him/her while at school.

______________________ ______________ ______________

(Parent/Guardian Signature) (Phone) (Date)