

Parent Permission to Dispense Medication

Occasionally students will request and /or require medication while under our supervision. State law allows us to comply with these requests if **Written Permission is provided by the parent/guardian.**

Over the Counter Medication include: Tylenol (acetaminophen), throat lozengers, cough medicine. These may be given if student is experiencing minor discomfort due to headaches, toothaches, cramps, colds, allergies.

These medications may be dispensed **ONLY** if;

- 1) Supplied by the parent/guardian
- 2) Accompanied by written Parental/guardian permission
- 3) If required by written physical order

Prescription Medication: Required Medication **MUST** be brought in its Original container and labeled with child's name and dosage information.

I give permission for school staff to assist my child by providing Over the Counter Medication and/ or Prescription Medication. My Authorization will release school staff of being held responsible for any adverse and/ or allergic reaction from the medications. The schools staff will at no time give any medication beyond necessary first aid without oral and/or written permission from the parent/guardian. Every attempt will be made to contact the parent/guardian prior to any decisions.

Parent/Guardian Signature

Date

In case of Emergency, Illness or Accident, the school is authorized to call my family physician and transport my child to the hospital if an emergency arises. Every attempt will be made to contact parents/guardians prior to any decisions. Health information on my child may be shared with all responding emergency personnel.

Physician's name: _____

Phone: _____

Hospital Preference: _____

Parent/Guardian Signature

Date