



BOONE COMMUNITY SCHOOL DISTRICT

Promoting a culture of safety, respect, and collaboration

Medication Permission Form

School policies concerning the administration of prescribed and over-the-counter medications:

PRESCRIBED MEDICATION shall be maintained in the original prescription container which shall be labeled with:

- | | |
|-----------------------|---------------------------------|
| a. Name of student | d. Name of doctor |
| b. Name of medication | e. Name and address of pharmacy |
| c. Directions for use | f. Date of prescription |

- **OVER-THE-COUNTER MEDICATION** shall be maintained in the original container and marked with the student's name, without covering up the label.
- **PARENT SIGNATURE** is required for prescription AND over-the-counter medicine to be administered by school personnel.
- **CHANGES IN MEDICATION** strength, dosage, or time requires a new, signed permit and medication label. The permit and label must agree at all times.
- **MEDICATION TO BE GIVEN THREE TIMES A DAY** should be administered at home unless specified by the doctor or pharmacist.
- **INSTRUCT YOUR STUDENT** that he/she is responsible for requesting the medication at the appropriate time.
- **FINAL DETERMINATION** as to whether or not any medication will be administered by school personnel rests with the school's nurses or administration.

_____	_____	_____	_____
Student's Name (Last, First, MI)	Grade	School	Teacher
_____	_____	_____	_____
Name of Medication	Dosage	Route of Administration	Time
Purpose of Medication and Administration Instructions			

_____			_____
Parent or Guardian Signature			Date