

**Oakwood School District #76**

**Permission for: Prescription or Nonprescription Medication to be Administered at School**

**Part 1: To be completed by a Physician licensed to practice medicine in all branches, Physician Assistant or Advanced Practice Registered Nurse**

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Route of Administration: \_\_\_\_\_

Frequency & Time of Administration: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Other medications student is receiving: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Start Date: \_\_\_\_\_ Stop Date: \_\_\_\_\_

Licensed Prescriber(print): \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_



**Part 2: To be completed by the parent or legal guardian**

I \_\_\_\_\_, give permission for my child to receive the above medication as directed by the licensed prescriber. The medication will be sent to school in a container appropriately labeled and in the original container. I will provide the school nurse with a written note from the license prescriber if the medication is discontinued. Also, I will obtain a new licensed prescriber's order if there is a change in medication and/or dosage. Lastly, I hereby give permission for the school nurse to discuss the details of this order with the Licensed Prescriber.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Oakwood School District #76

### Permission for: Prescription or Nonprescription Medication to be Administered at School

#### Prescription Medication

If a student must receive prescription medication (including antibiotics) at school, a written request completed by both the licensed prescriber (Physician licensed in all branches, Physician Assistant or Advanced Practice Registered Nurse) and the parent or legal guardian must be on file at school. The medication will be administered by the school nurse or building administrator.

All prescription medication must be in the original container labeled by the pharmacist or licensed prescriber. The label must include

1. Name of student
2. Name of medication
3. Dosage
4. Time to be administered
5. Prescriber's name
6. Date

#### Non-Prescription Medication

If a student must receive non-prescription medication at school, a written request completed by both the licensed prescriber and the parent/guardian must be on file with the school. The school nurse or building administrator will administer the medication.

Non-prescription medication must be in the original labeled container with the student's name affixed to the container. The prescriber also needs to give the following information:

1. Name of medication
2. Proper dosage
3. Times to be administered
4. Effective date of administration
5. Maximum dose per day

**No medication will be administered until both the licensed prescriber request and the parent/guardian request are on file with the school.**