

PORTSMOUTH SCHOOL DEPARTMENT
Portsmouth, Rhode Island



Medication Policy – Short term

Please complete the following form which allows students to receive medication in school on a short term basis (less than 2 weeks).

Student's Name _____

Medication _____

Amount to be given _____

Time to be given _____

Starting date _____ **Ending date** _____

Diagnosis _____

All medication must be brought to school in an original container. Pharmacies will provide, free of charge, an extra labeled container for prescription drugs. Medications should be delivered to school by a parent/guardian. There may be some exceptions for high school students.

I assume all responsibility for the medication to be given to my child at school and request that it be given per these instructions.

Signature of parent/guardian

Date

Daytime phone number