



# Perry County School District #32 **Prescription Medication at School**

Must be Completed by Healthcare Provider  
and Parent/Guardian

Note: Policy JHCD- Medications will be administered at school by trained staff only when it is not possible or effective for the student to receive the medication at home. The district encourages submitting any relevant information regarding their medical management plan.

## **To be completed by Healthcare Provider:**

My patient \_\_\_\_\_ / \_\_\_\_\_ (student name/DOB)

should receive: Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

at the following time(s): \_\_\_\_\_.

Specific instruction for administration: \_\_\_\_\_.

Possible side effects: \_\_\_\_\_.

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

Physician Name: \_\_\_\_\_ Expiration date: \_\_\_\_\_

\_\_\_\_\_  
(Healthcare Provider's Signature)

\_\_\_\_\_  
(Date)

## **To be completed by Parent/Guardian:**

I give permission for the above medication(s) to be administered by trained staff. I agree with the following: The district prohibits students from possessing or self-administering medications while on district grounds, district transportation or during district activities unless explicitly authorized in accordance with policy JHCD. Students in violation of this policy may be disciplined up to and including suspension or expulsion. All medications must be delivered by the parent/guardian in a properly labeled container from the pharmacy or manufacturer's original packaging. All medications shall be returned to the parent/guardian or destroyed at the end of the school year. In accordance with law, any trained or qualified employee will be held harmless and immune from civil liability for administering medication in good faith and according to standard medical practices.

\_\_\_\_\_  
(Parent/Guardian's Name)

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Date)