



## Wood River Rural Schools Parental Consent for Medication

In accordance with School District of Wood River Board Policy 5024, I give permission to administer medication as described below.

I understand that over-the-counter medications (such as aspirin, acetaminophen, ibuprofen, antacids, cough medication, or throat lozenges) must be provided by the parent, must be in the origin container and must be accompanied with parent instructions for administration.

Medications that are not FDA approved, including but not limited to, herbal remedies, dietary supplements, and naturopathic medicines, will not be dispensed by the school district.

Prescription medication must also be in the original container and properly labeled with the student's name, the name of the medication, the dosage and the times to be given, and the name of the prescribing physician. The school nurse will contact the physician if there are medical concerns with the treatment prescription.

All medications to be administered shall be stored at the school nurse's office or other secure location throughout the day. Inhalers will be allowed to be carried by the student in middle school and high school (grades (6-12.) Elementary students may carry inhalers with physician approval. No medication will be administered without the completion of this form and the signature of the parent or guardian.

I understand that the prescribing physician may be contacted for further information.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please list any allergies to medication or other concerns:

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\_\_\_\_\_  
\_\_\_\_\_