

**REQUEST FOR ADMINISTRATION OF MEDICATION
DURING SCHOOL HOURS
ELMWOOD-MURDOCK PUBLIC SCHOOLS**

I give permission to Elmwood-Murdock Public Schools personnel to
administer the following medication to

(Name of student)

Name of medication and strength (example: mg.)

Time medication to be given

Amount of medication to be given (example: 1 capsule, 1 tsp.)

Date(s) medication to be given

Signature of parent/guardian

Today's Date

Important Information For Parents/Guardian:

Your written consent is required prior to school personnel providing or administering medication administration. By signing this form you acknowledge the following:

- * If needed, the prescribing physician may be contacted by the school nurse for clarification on medication administration.
- * Your child's medication may be given by an unlicensed para-educator, or by a nurse, or by other trained school personnel deemed competent through training or supervision by the Registered School Nurse to provide medication as called for in the Elmwood-Murdock Medication Administration Guidelines.
- * The school health office should be notified promptly if there are any changes in your child's medication orders.
- * A physician's (or other licensed prescriber's) authorization is required for medication to be administered at school for all prescriptions. The prescriber's authorization may be on the pharmacy label attached to the medication, or in the case of over-the-counter product, by separate prescription provided to the health office.
- * All medication products must be sent to the school in the original container with the label intact. **Medications in bags or any other form of "home packing" will not be accepted, due to safety considerations.**
- * Parent's/guardians are encouraged to provide two weeks' supply of medication.
- * We reserve the right to refuse to give any medication that doesn't meet school policy or that doesn't follow standard of practice guidelines.