

# SCHOOL DISTRICT OF GREENWOOD

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## MEDICATION AUTHORIZATION FORM

The Greenwood School Board Policy required that a written statement be given to the school by the parents of a child that is to receive medication at school. Students bringing any type of medication to school, prescription or over the counter, must deposit it in the office and fill out this authorization form. Office personnel may dispense medication if the proper medication permission and instruction form is completed. Students taking over the counter medications must have a prescription or written doctors orders if they are to receive a dosage higher that the bottle indicates. Prescribed inhalers may be kept with students if the signed medical form is on record in the office. The medication must be in a properly labeled bottle from the pharmacy. Ask your pharmacist to prepare a "student" bottle for school use when you pick up your medications. Please note that the office will not supply any over the counter medications to students other than what parents/students bring into the office.

It is my understanding that your child is to receive medication at school. Please sign and date the form below authorizing the school to administer the medication for your child as prescribed on the bottle. Please return this form to the school your child attends.

If you have any questions regarding the dispensing of medications please call the Greenwood Elementary School at 715.267.7211, or the Greenwood High School at 715.267.6101.

Thank you for your cooperation with this matter.

PLEASE FILL IN INFORMATION BELOW AND RETURN FORM TO SCHOOL OFFICE

Name of Student: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Pharmacy: \_\_\_\_\_ Medication to be given at: \_\_\_\_\_

*I have read the enclosed information and agree to follow the directions given therein.*

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE