

Palmyra R-1 School District
ADMINISTRATION OF MEDICATIONS TO STUDENTS
(Parent Request and Permission Form for Medications to be given at School)

School: ___ Elementary ___ Middle ___ High ___ EC Date form received by school _____

Student Information:

Name: _____ Age: _____ Date of birth: _____

Grade/Teacher: _____

Medication/Prescription Information:

___ Prescription medication ___ over the counter medication approved by parent/guardian

Has the student received the first dose of medication? ___ yes ___ no

Name of medication: _____

Reason for medication: _____

Form of medication/treatment: ___ tablet/capsule ___ liquid ___ inhaler ___ injection
 ___ nebulizer ___ other: _____

Describe the schedule and dose to be given at school: _____

If "as needed", indicate the maximum dosage per day: _____

Are there restrictions/important side effects? ___ yes ___ no if yes, please describe

Special storage requirements: ___ none ___ refrigerate ___ other: _____

Physician's Name: _____ Phone: _____

Fax: _____ Additional info is: ___ on the back of form ___ attached

I give permission for _____ (student's name) to receive the above medication at school. I also give district employees permission to contact the student's physician directly to provide information on the student's condition or to clarify medication administration instructions. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any information provided on this form changes or if administration of medication should cease.

Signature: _____ Date: _____

Relationship: _____ Home phone: _____

Work phone: _____ Emergency phone: _____

Notice

Schools in this district are equipped with pre-filled epinephrine auto syringes and asthma-related rescue medications that can be administered by the school nurse or other trained personnel in the event of life-threatening emergencies involving anaphylaxis or asthma. These medications will be administered in accordance with written protocols provided by the authorized prescriber, except for students authorized to carry and self-administer epinephrine in accordance with Board policy.

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area. Implemented: 5/10/2005, Last revised: 04/09/2013
Palmyra R-1 School District, Palmyra, Missouri