

<b>For School Use:</b> <input type="checkbox"/> PRN <input type="checkbox"/> Routine <input type="checkbox"/> Short Term	 <b>PRE-SCHOOL MEDICATION ADMINISTRATION PERMISSION</b>	<b>For School Use:</b> Start Date: _____ Stop Date: _____
---	---	---

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class \_\_\_\_\_  
Last First Mi

**Prescription Medication or Other Medication Authorized by a Legal Prescriber**

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

If PRN, Signs / Symptoms For Administration \_\_\_\_\_

Administration Instructions: Time \_\_\_\_\_ Route/Method \_\_\_\_\_

Other Instructions \_\_\_\_\_

Special Storage Requirements  None  Refrigerate  Other (Please Specify) \_\_\_\_\_

Duration of Medication Permission  School Term  Other: Start Date \_\_\_\_\_ Stop Date \_\_\_\_\_

Potential Side Effects / Adverse Reactions \_\_\_\_\_

\_\_\_\_\_  
*Physician / Legal Prescriber (Print Name and Title)* *Signature of Physician / Legal Prescriber* *Date*

\_\_\_\_\_  
*Street Address, City, Zip* *Office Phone Number* *Office Fax Number*

## Parent Information for Medication Administration at School

Northwood Academy has established policies and procedures for the safe administration of medications during school hours. The following excerpt is from the Pre-school Handbook: *Medication will be administered consistent with its labeling. Only medication prescribed for the child will be administered at the Pre-school. Over-the-counter medicine requires a prescription or note for administration from a prescriber, and must include the child's name, dosage, and frequency. Labeled (child's full name) medication is to be secured at drop-off time in the designated location; it may not be stored in or with the child's belongings. A refrigerator is also available for storage of medication. The "Pre-school Medication Log" is to be completed by the parent for each medication to be administered, indicating the medication name, amount, time(s), and duration for administration. Special instructions and symptoms for administration are to be included on this form. Nebulized medications are not administered in the Pre-school.*

The following information / procedures apply to medication administration at Northwood Academy:

- Medications are to be administered by a parent or guardian before or after school hours, when possible.
- Initial doses of a medication that a child has never taken before will not be given at school.
- Routine and PRN medication to be given at school will be accompanied by this form, complete with the prescribing physician's signature. The parent / guardian is to bring the medication and this form to front desk.
- Short-term courses of prescribed medication will be given according to the prescription labeling and does not require a Permission form signed by a legal prescriber.
- Medication for school administration is to be provided to the school in the original, labeled container. "Sample" medications are to be provided to the school in the original container, accompanied by a signed Permission form and signed by a legal prescriber.
- Outdated or expired medication will not be administered and is to be picked up by the parent / guardian.
- School personnel will dispose of medication 30 days from its expiration or from the end of the school year.
- Medication for school administration will be provided in its original container, labeled with the child's name, accompanied by this form, signed by a parent and a legal prescriber. Medication will be administered consistent with its labeling or the legal prescriber's instructions.

### TO BE COMPLETED BY THE PARENT / GUARDIAN

I have read and understand the information and procedures for administration of medication at Northwood Academy.

I give permission for my child, \_\_\_\_\_, to be given medication by school personnel as instructed.

\_\_\_\_\_  
Print Parent / Guardian Name      Phone Number

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date