

For School Use: <input type="checkbox"/> PRN <input type="checkbox"/> Routine <input type="checkbox"/> Short Term	 PERMISSION FOR SCHOOL ADMINISTRATION OF MEDICATION	For School Use: Start Date: _____ Stop Date: _____
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Name of Student _____ Date of Birth _____ Grade _____
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 _____

Short-term and routine medications are dispensed only during the student's lunch period, generally between 11:30 and 1:00.

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*

Other (Non-Prescription) Medication Authorized by a Parent

Medication _____ Dosage _____

Purpose of Medication _____

If PRN, Signs / Symptoms For Administration _____

Administration Instructions: Time _____ Route/Method _____

Short-term and routine medications are dispensed only during the student's lunch period, generally between 11:30 and 1:00.

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 _____

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 K-12 Handbook:

- Students are not to carry medication.
- All medicines are to be brought to the school office by the parent in its original container and appropriately labeled. Medications will be administered consistent with its labeling.
- The school reserves the right to refuse to administer any medication; the parent will be notified.
- Acetaminophen (Tylenol) for minor aches and pains is administered during school hours with written parental consent. This consent form is provided in the student application.

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 the office.
- 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.
- The school principal may give a student permission to carry medication to guard against a life-threatening condition.
- 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.
- Other (non-prescription) medication may be given with parent / guardian consent, or it may require a legal prescriber's instructions, at the discretion of school administration.
- 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 Daytime Phone #

Signature of Parent / Guardian

Date