DORCHESTER SCHOOL DISTRICT TWO
MEDICATION PERMISSION
REQUEST FORM

The following is to be completed by a physician/legal prescriber.

Name of Student: _____ DOB: _____Grade/Section:____

This medication is being given for: _____

Name of medication: _____

Dosage: _____ ICD-10 Code: _____

Times to be given at school: _____

List any potential reactions with appropriate treatment: _____

_____

_____ _____

Physician/Legal Prescriber (Print Name and Title) Signature of Physician/Legal Prescriber

_____ _____ _____

Office Phone Number Office Fax number Date

The following is to be completed by a parent/legal guardian.

1. I, the undersigned, ask that the above medication to be administered to my child as directed and here by release everyone participating in this request from any and all liability associated therewith or stemming therefrom.
2. When the school nurse is not available, the principal's designees will assist your son/daughter in taking his/her medication.
3. Parent/legal guardian must complete and submit a Dorchester School District Two Medication Permission Form. This form requires both the signatures of the physician and the parent/legal guardian and the specific time(s) to be given. Do not bring more than a 30 day supply of medication at one time.
4. Parent/legal guardian must bring the medication in the current prescription bottle properly labeled by a registered pharmacist as prescribed by law (ask your pharmacist to prepare a separate labeled bottle for school use).
5. Medication must be brought in by the parent or responsible adult, **NOT THE STUDENT**.
6. Parents are reminded that <u>aspirin, cough medicine, vitamins, cough drops, all over-the-counter products,</u> will not be given at school without a medication permission request form completed by a legal prescriber and in a properly labeled prescription container by a registered pharmacist as prescribed by law.
7. <u>Herbals, food supplements, alternative medicinal products, and other items that do not have FDA approval</u> will not be given at school without a medication permission request form completed by a legal prescriber and in a properly labeled prescription container by a registered pharmacist as prescribed by law.
8. Students will not share any prescription or over the counter medication with another student. Violations may result in disciplinary action including, but not limited to suspension or expulsion.
9. All medicine not registered with the school nurse will be in direct violation of district policy and dealt with accordingly.
10. Parents are also reminded that school personnel will dispose of medication not claimed at the end of the school year.
11. All medication will be handled in accordance with the above guidelines through the school nurse or principal's designee.

_____ _____

Signature of Parent/Legal Guardian Date