

Student's  
Name: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Physician: \_\_\_\_\_

I request that my child be permitted to receive:

\_\_\_\_\_  
(name of medication)

in-school as directed by his/her physician.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principals's Signature

\_\_\_\_\_  
Date

Approved: \_\_\_\_\_

Disapproved: \_\_\_\_\_

The Administration of Medication Policy #5330 was Approved by the Board of Education on June 18, 2006.

## **Important!**

### **PARENT REQUEST FOR IN-SCHOOL MEDICATION**

Permission for the administration of medication in school by the school nurse will be given only when the student's attendance depends upon the timely administration of medication in school. Medication will not be administered to a student who is physically unfit to attend school or has a contagious disease. Students who wish to be administered medication by the school nurse must comply with the following:

1. The "request for school medication" form above is to be completed by the student's parent/guardian and submitted to the building principal who may grant or deny the request. The principal may consult with the school nurse and school medical inspector prior to making this determination.
2. The "[doctor's request for in-school medication](#)" form is to be completed by the student's physician and submitted to the building principal for his approval.
3. All medication must be delivered to the school by the parent/guardian.
4. All medication must be in the original containers, with the prescription information affixed.
5. Any unused medication must be picked up by the student's parent/guardian. Medication will be discarded by the nurse after reasonable efforts to have the parent/guardian retrieve the medication have failed.