

MEADOWBROOK SCHOOL MEDICATION POLICY
THIS FORM MUST BE COMPLETED BY A PHYSICIAN
AND ON FILE IN THE OFFICE IN ORDER TO
DISPENSE ANY MEDICATION TO YOUR CHILD!

When medication, **prescription or over-the-counter (OTC)**, is to be administered to a student

1. Written orders from a physician giving the name of the drug, dosage, when medication is to be taken, diagnosis and/or the reason that the medication is being given.
2. Written permission from the parent or guardian for the school to comply with the physician's order.
3. Medication in a container appropriately labeled by the pharmacy or physician including the child's name and OTC in the original container as purchased also clearly labeled with the child's name.

Medication which is not prescribed by a physician may not be administered by school personnel.

MEDICATION PERMISSION FORM

(to be completed by parent or guardian)

Student: _____ Grade/Class: _____

I hereby authorize school personnel to give _____
(student's name)

(name of medication and dose)

As prescribed by Dr. _____ . I release school personnel from liability should reactions result from this medication.

Parent/Guardian Signature

Date

PHYSICIAN'S AUTHORIZATION

MUST BE COMPLETED BY PHYSICIAN ONLY

I prescribe (medication, dosage and time): _____

To be given to: _____ by school personnel during school hours
for the reason(s) stated below:

Possible side effects or contraindications: _____

Curtailmnt of any activities: _____

Inhalers only: Is child authorized to self-medicate? Yes _____ No _____

Date: _____ _____

Physician/Dentist Signature

Telephone #: _____