

USD 365 GUIDELINES FOR DISPENSING MEDICATIONS

The schools will cooperate with parents in circumstances when a student must take medication during the school day and when properly authorized to do so. Written request from a physician or dentist must accompany all medication, including over-the-counter medicine, herbs, and alternative products. The following guidelines must be followed:

1. **A permission document must be on file at school (see form below).** A permission form must be completed every year and when medications or dosages change.
2. **Medication must be sent in a container on which the child's name, dosage, and type of medication are clearly noted.** Two containers may be needed—one for school and one for home.
3. **Send only the amount of medicine needed at school.** Medication will not be sent back and forth from school to home.
4. **School personnel will not give the first dose of medication.**

NOTE: Parents should avoid scheduling the dispensing of medication at school unless necessary. Example: Medication to be given 3 or 4 times per day may be given before school, after school, evening and/or bedtime (or later).

Request for Medication to be Administered During School Attendance

Name of Student _____ Grade _____

School _____ Teacher _____

Medication _____ Dosage _____

Date Medication Started _____ Reason for Rx _____

Time of day medication is to be given _____

Anticipated number of days to be given at school _____

Side Effects _____

Yes No This student is knowledgeable regarding medication/use of inhaler.

Date _____ Physician or Licensed Practitioner Signature _____

Office Number _____

**Controlled drugs require a physician's signature*

I hereby give my permission for _____ (student) to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication. I further understand that any school employee who administers any drug to my student in accordance with written instructions from the physician or dentist shall not be liable for damages as a result of an adverse drug reaction suffered by the student because of administering such drug. I also hereby give my permission for the above information to be shared with other appropriate professionals including the physician listed above.

Date _____ Parent Signature _____

◆ Please realize these guidelines are followed for the safety of our students ◆