

DAYTON ISD MEDICATION ORDER

Dayton ISD requires all students who need medication during school hours to have a Parent/Guardian signature.

Name of Student: _____ DOB _____

Grade: _____ Homeroom Teacher: _____

Medication: _____

Reason Medication Given: _____

Possible Toxic Reactions: _____

Form of medication to be given is circled below:

Tablet Pill Capsule Liquid Inhalation Other(specify): _____

Dose, Time, Route: _____

Length of time to be given: _____

Activity Restrictions: _____

Comments: _____

I give permission for this medication to be administered to my child by school personnel appointed by the principal. I will not hold the school district responsible for any possible adverse drug reactions or side effects for administration of medication provided by the parent/guardian.

I agree to be responsible for maintaining an adequate supply of medication at the school to meet the child's need.

Parent/Guardian Signature: _____ Date: _____

Home# _____ Cell# _____ Work# _____ Other# _____

Medication that is going to be given for more than 10 days will need a physician's order for the administration of that medication, this includes both prescription and non-prescription medication. Please take this order to your physician to be signed and returned to the school nurse.

Physician's Name: _____

Address: _____ Phone#: _____

Physician's Signature: _____ Date: _____

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Medication should be given at home if at all possible. If this is not possible, the physician is requested to prescribe medications that are easily stored and we ask that the pharmacy divide the prescription in two bottles, one for school and one for home.

Students are not allowed to bring medication to school. All medication whether prescription or over the counter must be brought to the appropriate school campus by a parent, guardian or other adult accompanied by a note from the parent/guardian for the student.

Medication brought to school must be in the original container and all prescription medications must be in a labeled prescription container with the student's name on the label. The school nurse will not administer medication that is not in a properly labeled container or with another family member's name on the label. **Medication from outside the U.S. will not be administered at school.**