

DAYTON ISD MEDICATION ORDER

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

Date: _____

Name of Student: _____

Medication: _____

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. 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.

Parent/Guardian Signature: _____

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: _____

Physician's Signature: _____

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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.**