

FESTUS R-VI SCHOOL DISTRICT

Authorization to Administer Medication at School

NOTE: It is recommended and preferred that medications be given at home whenever possible.

If medication must be administered at school, the medication policy will be enforced. All prescription medication must include a current prescription label. All over-the-counter medication must be in the original bottle/box and only manufacturer's instructions will be followed. No medication will be dispensed without signed authorization from parent/guardian. All medications must be brought to the nurse's office prior to the start of class.

Student Name _____ Grade ____ Teacher _____

Name of Medication _____

Dose (amount) _____ Frequency (how often) _____

Time to be given at school _____

Name of Prescribing Physician _____

Date to begin medication _____ Date to discontinue medication _____

On early dismissal days, should child receive this medication? Yes ___ No ___

I authorize the school nurse or designated personnel of the Festus R-VI School District to dispense this medication to my child and to contact the physician listed above to discuss any questions or concerns about this medicine.

I understand I may cancel this request at any time and/or retrieve the medication from the school at any time. I understand the medication will be destroyed if it is not picked up within one week following termination of the order or by the last day of school.

Parent/Guardian Signature _____ Date _____