



## Medication Form

**All medications must be turned into the school by the start of the academic year. ALL PRESCRIBED MEDICATIONS MUST HAVE THE PRESCRIPTION LABEL ON BOTTLE.**

### MEDICINES

1. The school nurse, faculty, or staff member will administer all prescription medicines.
2. All over-the-counter medication provided by the family will be kept with authorized school personnel and labeled.
3. Student **CANNOT** carry any medicine with them on campus unless permission has been granted to do so. If they choose to, they are in violation of school policy which can result in disciplinary action.

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_, to take the following prescription/non-prescription medication(s).

### Prescription Medications

Prescription medications must be in the original container from the pharmacy with the label containing dispensing instructions.

Medication: _____	Medication: _____
Dosage: _____	Dosage: _____
Dates to be given: _____	Dates to be given: _____

Medication: _____	Medication: _____
Dosage: _____	Dosage: _____
Dates to be given: _____	Dates to be given: _____

### Non-Prescription Medications

Non-prescription medications will need to be provided by the parent in the new, unopened, original container with specific directions for administering.

Medication: _____	Medication: _____
Dosage: _____	Dosage: _____
Dates to be given: _____	Dates to be given: _____
Times to be given: _____	Times to be given: _____

*Parents: Any medications not listed on this medication form cannot be taken. Also, any non-prescription medication not in the new, unopened original bottle labeled with your child's name will not be accepted. It is the parents' responsibility to pick-up any/all medications at the conclusion of the school year.*

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_