

ADMINISTRATION OF MEDICATIONS TO STUDENTS
(Permission to Administer Medication and to Test Blood Sugar)

(To be returned to the school nurse or designee)

From time to time, it may be necessary for your child to take prescription medicine for treatment of an illness. Medicines that are ordered to be taken less than four (4) times a day can and should be taken at home. However, if medicine must be taken four (4) or more times a day, or at a specific time scheduled during school hours, the school nurse or designee, as mandated by state law, may dispense medications **ONLY WITH THE FOLLOWING:**

1. Medication order, signed by the physician.
2. Parental authorization, signed by the parent or guardian.
3. Original pharmacist labeled bottle.

MEDICATION ORDER

Student: _____ Date of Birth: ___ / ___ / ___

Medication: _____

Directions: _____

Reason for giving: _____

Date: ___ / ___ / ___ Telephone number of physician or health care provider: _____

Signature of Physician or Health Care Provider: _____

PERMISSION TO ADMINISTER

Date: ___ / ___ / ___ I hereby give my permission for _____ to take the above prescription at school as directed.

Signature of Parent/Guardian: _____

PERMISSION TO TEST BLOOD SUGAR LEVEL

Date: ___ / ___ / ___ I grant permission for the school nurse or designee to test my child's blood sugar level at school during a crisis or emergency situation.

Signature of Parent/Guardian: _____

Date: ___ / ___ / ___ I grant permission for the school nurse or designee to test this child's blood sugar level during a crisis or emergency situation.

Signature of Physician or Health Care Provider: _____

FILE: JHCD-AF4

* * * * *

Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.

Implemented: 02/18/2004

Clinton School District #124, Clinton, Missouri