OYSTER RIVER COOPERATIVE SCHOOL DISTRICT

PARENT'S REQUEST/PERMISSION TO ADMINISTER MEDICATION AT SCHOOL

(PLEASE COMPLETE A SEPARATE FORM FOR EACH MEDICATION)

Student's Name _____ Grade _____ Teacher/ School _____

Medication _____ Dose _____ Time(s) _____ and _____

Start Date _____ End Date _____

Reason for Medications _____

Changes: 1) _____ 2) _____
1) Date: _____ Initials: _____ 2) Date: _____ Initials: _____

Do you want medication given on field trips? Yes _____ No _____

Do you want your child called out of class if medication is forgotten? Yes ____ No_____

Additional Comments _____

Medication must be properly identified and delivered directly to the school by an adult in order to be safely administered.

Prescription medication should be accompanied by a written doctor's order and be in an original pharmacy container which identifies student, medication, dosage, time of administration, duration date, and physician's name.

Over the counter medication, in its original container, should be labeled with student's name, time to be administered, and parent written permission.

All student medications are to be kept in the nurse's office. **Inhalers, insulin for insulin pumps, and single dose emergency medications such as an Epi-pen** may be carried by a student if the student's physician/primary health provider provides a written order stating a medication may be kept with the student in the event of a medical emergency. To be filed in the nurse's office.

I understand that a new request must be filed each school year. By signing this statement, I hereby agree to indemnify and hold harmless The Oyster River Cooperative School District, its agents, and employees from any and all liability as a result of this authorization.

I understand and agree that if the school nurse has questions regarding the physician/ primary health care provider's order, that the nurse may contact the child's physician and obtain additional information from him or her about the medication, and I consent to the physician providing that information.

Signature of Parent/Guardian _____ Relationship _____

Date _____ Phone Number _____

FAX #: ORHS=603-868-1355, ORMS=603-868-3469, MW=603-659-8612, MOH=603-742-7569

Last Modified 2/20/2015