

Center School Medication Administration Policy and Permission Form

Medication(s) should be given at home before and/or after school. However, if this is not possible and your child requires that a medication be administered during the school day, return it with the following:

1. This completed form.
2. Medication in its original container properly labeled by the pharmacy or qualified healthcare provider or the over-the-counter (OTC) medication in its original container as purchased. The child's name must be provided on the prescription. If an OTC medication is sent it, it must be sent in its original container in a baggie with the child's first and last name clearly written on the baggie.
3. All medication must be hand delivered to the front desk by an adult or sent via FedEx. No student shall be permitted to carry prescription medication into school. Please refer to page 8 of the school's handbook.

Health Care Provider Authorization to Administer Medication in Center School

Child's Name: _____ DOB: _____

Diagnosis: _____

Medication: _____ Dosage: _____

To be given at the following time(s): _____

Special instructions: _____

Side effects that need to be reported: _____

Inhaler and/or Epi-Pen auto injector: Student is authorized to **carry and self administer**? Yes _____ No _____

Reason medication must be given by school personnel or self-administration during school hours:

 Starting Date: _____ Ending Date: _____

Signature of Health Care Provider _____

Phone Number _____ Date _____

I (parent/guardian name) _____ give permission for Center School to administer the listed medication(s) to my child as prescribed. I also give my child's healthcare provider permission to share information about the administration of this medication with the school staff designated to administer medication. I release Center School of all responsibility for any benefit and adverse consequences of the medication administered. I agree to pick up expired or unused medication within one week of notification by staff.

Parent/Legal Guardian Signature _____

Date _____