

**HAY SPRINGS PUBLIC SCHOOLS
PERMISSION/REQUEST FOR ADMINISTRATION OF MEDICATION
BY SCHOOL PERSONNEL**

Designated school personnel can administer medication to School District #3 students only when a *note of consent accompanies the medication that is brought to school in its original container*. The original container must be labeled with the student's name, medication name, dosage, how to give the medication, specific time to give medication.

Medication that is brought to school in a baggie, envelope, or someone else's container, or not as described above, WILL NOT BE GIVEN TO THE STUDENT, even if a note accompanies the medication.

For the safety of School District #3 students, all medications will be kept locked in the office unless a Physician provides written permission for a student to carry medication with him/her at all times. (Example: emergency medication).

Full Name of student: _____

Date of Birth: _____ **Grade:** _____ **School Year:** _____

Medication name: _____

Dose (specify & must match prescription on original container):

Specific time to be given: _____

Route (specify): _____

(By mouth, inhaler, eye drops, ear drops, nose drops, topical)

Health condition for which medication is prescribed: _____

Possible side effects of medication: _____

I request/authorize designated school employees to administer medications to my child in accordance with instructions written above. I understand that a trained unlicensed school staff member may be assigned to provide medication to my child and I accept ultimate responsibility for monitoring the effects of this medication.

Parent/Guardian Signature

Relationship to Student

Date

Physical Address

Home Phone

Work Phone

Cell Phone