



10-10

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DATE: _____

SUBJECT: Medication Administration in Schools

the type, dosage, and frequency of medication administered will require a new *Physician and Parent Medication Authorization*

in the school nurse, principal, parents/guardians, and the student.

arrangements have been made between

_____ will be held responsible for any side effects or complication which may result from taking any dose

of the medication are provided for the school.

Parents are responsible for seeing that adequate supplies

ication on his/her person unless prior
advisors, and the student:

- At no time will a student be allowed to carry prescription or nonprescription med-

used as a child's prescription medication,
completed parent section of the *Physician*

medication in school for each prescribed medication in order for it to be dispensed.
be used as the licensed medical physician's order and instructions with a complete

be all over the counter
Physician and Parent

- A Physician, Advanced Registered Nurse Practitioner, or Physician Assistant must present

● The student is responsible for notifying the school health center of the appropriate time for medication administration.