

**Peace Lutheran School
Medication Permission Form
Physician and/or Parent Request for School Medication**

The top portion of this medication request form must be completed before medication can be in possession or used by the student. A health care provider's signature must be obtained for any prescription medication or if over-the-counter medication dosing exceeds the manufacturers recommended amount or age limits. Medications will not be allowed until forms are complete.
Any form of narcotic, sedative, stimulant, or antianxiety medication must be kept in the school office in a locked cabinet.

Student: _____ **Date of Birth:** _____

Grade: _____ School Year: _____ Student's Weight: _____

NON-PRESCRIPTION MEDICATIONS

All non-prescription medications must be supplied by parent/guardian in a manufacturer-labeled container. Please authorize medication administration by checking appropriate boxes or filling in other medications.

- | | |
|--|---|
| <input type="radio"/> Acetaminophen (Tylenol) | <input type="radio"/> Ibuprofen (Motrin; Advil) |
| <input type="radio"/> Diphenhydramine (Benadryl) | <input type="radio"/> Cough Drops |
| <input type="radio"/> Tums | <input type="radio"/> Other: _____ |

Reason: _____

Dosing Instructions: _____

Start Date: _____ Stop Date: End of School / Summer School or _____

Medication to be kept in (Circle One): School Office / Carried with Student

If kept in the office, medications must be brought to the office by a parent/guardian

Student may self-administer non-prescription medication (Circle One): Yes / No

PRESCRIPTION MEDICATIONS

Name of Medication: _____ **Dose of Medication:** _____

Reason for medication: _____ (why student is taking)

Form of medication/treatment (circle one): Tablet or Capsule / Inhaler / Other _____

Dosing Instructions: _____

Start date: _____ Date Medication Received at School _____

Stop date (circle one): End of School Year / Summer School or _____

Medication will be kept in (circle one): School Office / Other _____

Student will need staff assist with medication: Yes / No

Health Care Provider Name: _____ **Phone number:** _____

The school personnel have my permission to administer this medication as indicated above. I authorize school personnel to contact the above student's health care provider regarding further information that may be required in administering this medication. I AGREE NOT TO HOLD PEACE LUTHERAN MINISTRIES, ITS EMPLOYEES OR AGENTS WHO ARE ACTING ON THIS REQUEST, RESPONSIBLE IN ANY CLAIMS ARISING FROM THE ADMINISTRATION OF THIS MEDICATION AT SCHOOL. I also agree to inform the school immediately and in writing of any change in the medication order. I understand my student is not allowed to share medication with other students for any reason.

Parent Signature _____

Parent Name

Date

Contact number

HEALTH CARE PROVIDER AUTHORIZATION: The provider whose signature follows hereby authorizes school personnel to administer medication prescribed and also agrees to accept communication regarding the medication and administration procedures. It is understood that the medication will be given by non-licensed, but specifically trained, personnel.

Health Care Provider Signature _____

Health Care Provider Name

Date

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PEACE LUTHERAN SCHOOL: MEDICATIONS AT SCHOOL PROTOCOL

It is preferred that students take all medications at home, but if medications must be taken at school, a Medication Request Form signed by the parent or guardian is required. A health care provider's signature must be obtained for any prescription medication or if over-the-counter medication dosing exceeds the manufacturer's recommended amount or age limits. Medications will not be allowed until forms are complete.

- Prescription medications need a Medication Request form that must be signed by your health care provider with clear instructions on how, when, and the dose of medication that needs to be given. Parents and/or guardians will also need to sign this form and return it with the medication to the school. Prescription drugs are required to be supplied in the original pharmacy-labeled package; and the package specifies the name of the pupil, the name of the prescriber, the name of the prescription drug, the dose, the effective date, and the directions in a legible format. You can ask your pharmacist for an extra bottle with a label for the school.

Prescribed medication needs to be brought to school by a parent or guardian to help prevent any misuse. This includes any narcotic, sedative, anxiety, or stimulant medication as students are NOT allowed to be in possession of these substances.

- If your student needs to take an “over-the-counter” medication, they will need a Medication form signed by the parent or guardian, and returned to the school. Nonprescription drug product shall be supplied in the original manufacturer's package, and the package must list the ingredients and recommended therapeutic dose in a legible format. Examples include cough drops, contact solution, sore throat strips, and pain relievers like Tylenol or Advil. (Our schools do not stock these products.).

Some over the counter products that have a potential to be misused like cold or flu products will need to be kept and locked in the school office also.

- Elementary aged students may carry and use their inhalers independently with a document from the students physician stating they must carry their inhaler on their person.

If a student is found to be in possession of any prescription or over the counter medication without the proper forms being completed or are suspected to be sharing any type of medication, they will be directed to the principal's office for further investigation.