Dear Parent or Guardian:

If your child must have medication(s) during school hours, the following procedure is to be followed:

1. A "Request for Administration of Medication" form must be completed by a parent/legal guardian, and returned to the school secretary or nurse prior to the dispensing of any medication.

2. Students taking medication prescribed by a physician must bring the medication in the original container, provided by the pharmacy, to the school secretary, principal or school nurse with the required form signed by the parent/legal guardian.

3. Students taking over the counter medication that has been sent from home must bring the medication in the manufacturer’s original container. Please do not send medications in small baggies or empty plastic containers. The required form must accompany the container and be given to the school secretary, principal or school nurse.

4. Students must take all medication in the presence of designated school personnel.
   
   EXCEPTION: See #6 below*

5. School personnel cannot dispense any type of medication unless it is accompanied by a "Request for Administration of Medication" form, signed by the parent/legal guardian.

6. All medication will be stored in a designated area and is to remain locked when not in use.

*EXCEPTION: INHALERS MAY BE CARRIED BY THE STUDENT IF THE EXCEPTION HAS BEEN SIGNED on the Request for Administration of Medication Form by the parent/legal guardian and is on file in the school nurse's office.

It should be understood, that it will be the student’s responsibility to come to the office to get medication and that the school is under no obligation to contact the child should he/she forget.

We feel in fairness to those giving the medication and for the safety of your child, these policies must be followed strictly to ensure the health and well being of all students.

Thank you for helping us keep your student safe!

Sincerely,

Anna Hinkle L.P.N
FCSD#2 School Nurse
Name of Student: ________________________________ Date of Birth: ____________ Grade: _________

Name of Medication(s): ______________________ ______________________ ____________________

Diagnosis, please be specific: _____________________________________________________________

Instructions for Administration:
- Give when symptoms are presented (menstrual cramps, migraine headaches, allergies)
- Give when the usual dose is missed at home (Supply will be kept in nurse’s office)
- Give for scheduled time listed below:
  Start date: _________ Stop date: _________
  *Supply must be brought in original bottle from pharmacy to be left at school for duration*

Does this medication require refrigeration? ____Yes ____No

Name of prescribing Physician: ________________________________ Phone: ____________________

I request the School Nurse, or in her absence, the Secretary or Principal administer the medication to my child as directed above.

________________________ Date: __________ Emergency Phone: _____________________

Signature of Parent/Guardian

**INHALER EXCEPTION**

Name of Medication(s): ________________________________ Diagnosis: ________________________________

Instructions for Administration: __________________________________________________________

My child has been instructed in the proper use of the above identified inhaler. I request he/she is permitted to carry the inhaler and self-administer the medication as needed.

________________________ Date: __________ Emergency Phone: _____________________

Signature of Parent/Guardian