PLEASANT VALLEY COMMUNITY SCHOOL DISTRICT
PRESCRIPTION MEDICATION POLICY

The school nurse or her designee will administer prescribed and over-the-counter medications when it is necessary for these medications to be taken during school hours.

HOWEVER, MEDICATIONS SHALL NOT BE ADMINISTERED UNLESS THE FOLLOWING REQUIREMENTS ARE MET:

I. The prescribed medicine must be properly labeled. The medicine shall be sent to school in **the original prescription container** which shall be labeled with:

a. Name of pupil
b. Name of medicine
c. Directions for use
d. Name of physician
e. Name and address of pharmacy
f. Date of prescription

II. Over-the-counter medicine will be given **if** the following conditions are met:

a. The medicine is in a closed container
b. The container has the student's name on the outside
c. The outside of the container states the contents inside.

A SIGNED NOTE FROM THE PARENT/GUARDIAN MUST ACCOMPANY THE MEDICATION INDICATING TO THE SCHOOL THE TIME THE MEDICATION IS TO BE GIVEN AND THE AMOUNT OF THE MEDICATION TO BE GIVEN

IT IS NOT BE THE DUTY OR RESPONSIBILITY OF THE DISTRICT TO DETERMINE IF THE CORRECT MEDICATION IS SUPPLIED BY THE PARENT IN THE MARKED CONTAINER.

Please keep this information for future reference

Please cut along this line and return the bottom portion of this form to your child's school.

PRESCRIPTION MEDICATION PERMISSION FORM

STUDENT'S NAME: _____ DATE: _____

NAME OF MEDICATION: _____

DOSE AND FREQUENCY: _____

TIME TO BE GIVEN: _____

REASON FOR MEDICATION: _____

It is necessary for my child to be given medication during school hours. I give my permission for the school nurse to administer the medication listed above. I further understand that it may be in my child's best interest for the health personnel to share this medication information with other school staff (teacher, counselor, etc. as necessary) and give permission to do so if needed. The school nurse has my permission to contact the prescribing physician if clarification of the prescription is necessary.

_____
Parent/Guardian Signature