

MERTON SCHOOLS MEDICATION PERMISSION FORM

This form applies to ALL prescription and non-prescription medications

Full name of student: _____ D.O.B. _____

Name of medication: _____

Purpose of medication: _____

Time(s) to be administered: _____

Dosage: _____

Possible side effects: _____

Termination date of administering: _____

Physician's name: _____

Physician's signature: _____

(Must have signature for medication dispensation)

Physician's telephone number: () _____

I hereby grant my permission as the parent/guardian of the above named student to take this medication at school with the understanding that:

1. The student will, in the presence of school-designated supervision, administer his/her medication.
2. It is the responsibility of the parent/guardian to provide all medication to the schools in the necessary quantities and intervals to assure a proper on-hand balance of meds at school.
3. **All medications must be presented in the original package OR prescription bottle.**
4. I have read and agree to follow the guidelines set forth in the student medication policy #4001.4.

Signature of parent/guardian: _____

Date: _____

HEALTH ROOM

The health room at Merton Schools is available to students who become ill or injured while at school. It is staffed by volunteer parents or office personnel familiar with acceptable first aid procedures. The district employs a part-time nurse as well. All Merton health room volunteers receive training and certification in first aid. Emergency services have been planned with a registered nurse, a medical supervisor and approved by the school board. Students who become ill or who are injured are to report first to the supervisor/teacher in charge, prior to reporting to the health room.

STUDENT MEDICATION

If a student is required to take oral medication during school hours, the administrator or the secretary shall administer the medication only upon the complete fulfillment of the following requirement:

PRESCRIPTION DRUGS

1. The prescribing physician and parent/guardian shall sign the Medication Permission Form and provide information for each medication for the student, once a year or whenever the medication or dosage is changed. **The original prescription bottle** must be provided.
2. School office personnel shall provide a locked, secure place for safekeeping of all medication; keep a record of medication dispensed/administered, and proper supervision of student medication.

NON-PRESCRIPTION DRUGS

1. Non-prescription drugs include but are not limited to aspirin/non-aspirin medications, over-the-counter cold remedies, cough drops, lozenges, drops, crèmes, salves, etc. Effective October 3, 1998, the requirement of having a doctor's signature on the Medication Permission Form for parents to authorize the dispensing of non-prescription medications, like the above mentioned items, from the office, is dropped. Parent authorization is sufficient. This authorization is for non-prescriptive medications only and the authorization **MUST** be in writing. **Original packaging** must be provided.