

**Mid-Prairie Community Schools
Medication Policy and Request Form**

PLEASE DO NOT SEND ANY MEDICATION TO SCHOOL UNLESS ABSOLUTELY NECESSARY.

PRESCRIPTION DRUGS must be brought in the original bottle with prescription label intact, with **name of the student, name and strength of the drug, amount and time to be given, route of administration, date ordered, and name of the healthcare provider.** Label must be current. (often drug stores will provide a second bottle to be used at school if requested). All medications should be taken for the full time prescribed, especially antibiotics.

NON-PRESCRIPTION DRUGS must be brought in the original container, with label and directions intact. Student's name must be written on the container with a marker. This category includes: cough medicines, ointments, etc. The school has the right to refuse to give over the counter medications. Most can be given before school and right after school. They will not be given for more than 5 times without written authorization from a healthcare provider. The recommended dosage on the package will not be exceeded.

TYLENOL AND IBUPROFEN will be supplied by the school district on an as needed basis only. Parents have the option of signing permission for Tylenol and/or Ibuprofen during registration each school year. This will be included in the permission section of E-Registration. A supply of Tylenol and Ibuprofen will be kept at each building. These medications will not be given more than 5 times without written authorization from a healthcare provider.

HERBAL SUPPLEMENTS AND VITAMINS will not be given at school without written authorization from a healthcare provider and must be brought in the original container, with label and directions intact. Students name must be written on the container with a marker. Information sheet must be provided stating uses, warnings, and possible side effects. The school has the right to refuse to give herbal supplements and vitamins. Most can be given before school and right after school.

A request form with parent signature must accompany all medications brought from home. Medication not in the original container or accompanied by a signed request form will not be given. Medication that is sent to school in **BAGGIES** or **ENVELOPES** will not be given. Medication will not be given with another person's name on the label. Please remind your child that he/she is responsible to come to the office for their medication when it is time.

The school shall have the right to contact the prescribing healthcare provider to confirm or clarify medication instructions.

PERMISSION TO DISPENSE MEDICATION DURING SCHOOL HOURS

Student _____ Grade _____ Date _____

Medication _____ Prescription # _____

Dosage _____ Time to be given _____

Date to begin _____ Date to end _____

Diagnosis _____

Direction for Administration or Storage _____

Possible Side Effects _____

Any Allergies? _____

Any Special Directions? _____

Parent/Guardian Signature _____ Phone # _____

To sign electronically, open form in Adobe Reader or Adobe Acrobat

PHYSICIAN SIGNATURE _____ **Phone #** _____

Asthma Inhalers will be _____ Kept and administered in the Office
_____ Kept by student and administered as needed
_____ Kept by student and administered as needed but will have extra inhaler in the office.

FOR SCHOOL USE ONLY

Student Name _____ Grade _____
Medication Name _____ Dosage _____
Amount to be given _____ Time to be given _____
(If medication is long term – attach Monthly medication record if short-term record below.)

# of Days	DATE	TIME	DOSAGE	PERSON GIVING MEDICATION (Sign once then initial)
1				
2				
3				
4				
5				

**DOCTOR SIGNATURE NEEDED TO CONTINUE GIVING OTC MEDICATION
(SEND MEDICATION HOME WITH BLANK REQUEST FORM)**

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