

# TROY SCHOOL DISTRICT NO.287

## Permission to Administer Over the Counter Medication All medications will be stored in their original containers.

Student Name: \_\_\_\_\_

Medication Name: \_\_\_\_\_

Dosage: \_\_\_\_\_

The medication given above is being used for the treatment of:  
\_\_\_\_\_

\_\_\_\_\_ which is necessary

during school hours. The medication will be administered by school personnel as specified in the Idaho Nurse Practice Act. I understand that school personnel will administer only the medication and dosage described above. District policy requires all medication to be brought to school in its original container. New medications will require new authorization by parents/guardians.

I release the school and its personnel from any and all liability should adverse reaction occur as a result of medication.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person responsible for dispensing medication



## **728.0 Administration of Medication by School Personnel**

School personnel shall not administer prescription or nonprescription drugs or medications to pupils without written consent of parents or guardians. Parents or guardians shall complete the form, "Permission to Administer Medication", before medications will be administered and supervised by school personnel as specified by the Idaho Nurse Practice Act as interpreted by the State Board of Nursing Rule 2-3001.03, allowing medications to be administered by "...certified school teachers, principals or authorized substitute teachers." Building secretaries are included in the substitute designation.

Adopted by Board action July 10, 1995