

Coffeeville School District

PERMISSION TO GIVE PRESCRIBED MEDICATIONS AT SCHOOL

The Coffeeville School District requires that all students who need medication during school hours must do the following:

1. Present a **written consent form** signed by the parent or legal guardian (**this form**) and the form must also be signed by the child's doctor. (These are the regulations set by the Mississippi Department of Education and the Mississippi School Nurse Association. No prescribed medication will be given at school without both a parental and a doctor's signature.)
2. All medication must be brought to school by a parent/guardian in the original prescription bottle with the name of the medicine, dose, time, and prescribing doctor. You can ask your pharmacist for a bottle just for school purposes. **Medications are NOT to be brought to the school by the student.**
3. The parent or legal guardian must complete and sign the bottom of this form.

* Students requiring an Epi-Pen for allergic reactions or an inhaler for asthma may keep their medication on their person (student). Students must first demonstrate proper technique to the nurse. This *Permission to Give Prescribed Medications* form must also be signed and on file.

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

NAME OF STUDENT: _____ GRADE: _____

DATE OF BIRTH: _____ SCHOOL: _____

I, _____, give the school nurse permission to give medications to my child, _____, as prescribed by his/her doctor. In the event the school nurse is not present or the student is on a school field trip, I give permission for trained staff to give the prescribed medication.

Parent Signature: _____ Date: _____

Phone Number: _____

Medications and doses may be verified with the medical doctor or pharmacist at the discretion of the nurse.

A list of the medication(s) and doctor's signature are required. →

Coffeeville School District

Prescribed Medication List

Must be signed by your doctor

Medication	Dose	Frequency
1.		
2.		
3.		
4.		

Doctor's Signature: _____

Doctor's Name Printed: _____

Doctor's Office Phone Number: _____

***Epi-Pen and Asthma inhaler use only**

This student is both capable and responsible for self administering this medication while at school.

Epi-Pen: Yes ___ No ___

Inhaler: Yes ___ No ___

Coffeeville School District, 96 Mississippi Street, Coffeeville, MS 38922

2015 – 2016 Health Information Sheet

THIS FORM MUST BE RETURNED WITHIN 3 WEEKS. IT MUST BE ON FILE FOR YOUR CHILD’S SAFETY.

Student: _____ Age: _____ Grade: _____ Birth date: _____

Guardian: _____ Place of employment: _____

Address: _____

Home phone: _____ Cell phone: _____ Work phone: _____

List 2 alternate emergency contacts in the event a parent/guardian cannot be contacted:

Name: _____ Relation: _____ Number: _____

Name: _____ Relation: _____ Number: _____

Physician: _____ Physician Phone Number: _____

Allergies

(List any food, medications, insects, and type of reaction your child has. If your child requires an Epi-pen for a reaction, please list. Example: bee sting—swelling, rash, trouble breathing).

Health

(Please list any health conditions your child has now and any your child has had in the past. Example: sickle cell, diabetes, asthma, broken bones, surgeries, etc.) If at any time during the school year the health of your child changes, it is your responsibility as the parent/guardian to let the nurse know.

Please complete the form on the right.

List any medications your child takes on a regular basis including prescription and over-the-counter medications. List the name of the medication, the dose, the time he or she takes the medicine and why he or she takes the medication.)

MEDICATION	TIMES MEDICATION IS TAKEN	REASON FOR MEDICATION

PERMISSION FOR THE SCHOOL NURSE TO ADMINISTER OVER-THE-COUNTER MEDICATION

I, _____, give the school nurse permission to give the following over the counter medications to the above student in the event of a headache, fever, minor cuts, stomach ache, menstrual cramps, vomiting, diarrhea, sore throat, allergic reaction and any other minor medical problem that may arise during the school day.

Tylenol, Ibuprofen, TUMS, Antibiotic Ointment, Benadryl, Cough Drops, Moisture drops for eyes, Toothache gel, Calamine Lotion, and Imodium AD.

**Any medication that should not be given to your child should have a line drawn through it with your initials above it.*

Medications for asthma such as an inhaler or Epi-pens for allergic reactions can be kept on person (student). The student must see the nurse to assure knowledge of proper administration. A *Permission to Give Medications at School* form will need to be on file from the guardian.

***Students cannot bring medications to school! A parent or guardian must bring any medications that need to be given at school to the school nurse. These are the regulations set in place by the Mississippi Department of Education and the Mississippi School Nurse Association. Students are not allowed to transport medication for safety reasons.**

**Parent’s Signature: _____