Western Line School District
Prescription Medication Administration
2024-2025

Policy for administering medications during school hours is as follows:

1. Present this written consent form signed by the parent or legal guardian and the child's physician. **This will be required for all prescription medications**. This form will have to be renewed annually.
2. The medication must be brought to the school only by an adult.
3. The medication must be in the original prescription bottle.
4. This medication will be destroyed if not picked up within one week following the stop date, or one week after the close of the current school year.
5. This medication will be given by a designated employee appointed by the school principal in the absence of the school nurse.

Student's Name: _____ Date of Birth: _____

School: _____Teacher _____

TO BE COMPLETED BY PHYSICIAN

Name and strength of medicine: _____

Diagnosis for which medicine is given: _____

Specific times and doses to be given at school: _____

Stop date for giving medicine:_____

Note any possible side effects: _____

For inhalant/anaphylaxis prescriptions: This student should be allowed to carry and use his/her medication as per my instructions and training. _____ No _____ Yes

_____ _____ _____

Printed Name of Physician Physician's Signature Date

Address: _____

Telephone Number: _____ FAX: _____

TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I give permission for my child to receive this medication as directed by the physician. I give permission for my child to take this medication while in school or while participating in school activities away from the school site. I understand that there is no liability on the part of the school district, its personnel, or the nursing staff of Western Line School District for civil damages as a result of the administration of this medication to my child. I also authorize the exchange of medical information regarding my child's treatment plan between the physician and school personnel.

Parent Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Emergency Contact _____ Phone:_____

Form can be faxed to (662) 378-2285 or sent to school by parent.