SUGAR-SALEM SCHOOL DISTRICT NO. 322

STUDENT MEDICATIONS POLICY # 3510F

STUDENTS **3510F**

Student Medication Authorization

Student Name:	***DOB:***
Parent's Name	***Grade:*** ***School Year:***
Cell Phone:	***Work Phone:***

Parent initials each appropriate/authorizing areas below:

{_____} OVER THE COUNTER MEDICATION (I.E. TYLENOL, IBUPROFEN, ETC)

{_____} ASSISTANCE WITH PRESCRIBED MEDICATION (I.E. INSULIN, RX IN ORIGINAL PACKAGE)

{_____} STUDENT HAS A SEPARATE MEDICAL PLAN FOR SCHOOL PURPOSES

I GIVE MY PERMISSION FOR MY CHILD TO SELF-ADMINISTER, OR TO HAVE ADMINISTERED THE ITEMS ABOVE. I ALSO GIVE PERMISSION FOR THE MEDICATION DESCRIBED BELOW TO BE ADMINISTERED AS OUTLINED IN THE FOLLOWING GUIDELINES. I SHALL INDEMNIFY AND HOLD HARMLESS THE DISTRICT AND ITS EMPLOYEES OR AGENTS FOR LEGAL FEES, COSTS, AND ANY POTENTIAL DAMAGES CONCERNING ADMINISTRATION OF THESE MEDICATIONS ARISING OUT OF ANY CLAIMS BROUGHT BY THE ABOVE NAMED CHILD OR ANYONE ELSE.

_____

PARENT/GUARDIAN SIGNATURE & DATE

THE FOLLOWING IS TO BE COMPLETED BY THE CHILD'S DOCTOR

I AM RECOMMENDING THAT THE ABOVE NAMED STUDENT BE ADMINISTERED, OR ALLOWED TO SELF-ADMINISTERED, OR ALLOWED TO SELF-ADMINISTER, THE FOLLOWING PRESCRIBED MEDICATION:

NAME AND PURPOSE OF MEDICATION: _____

IDENTIFICATION OF CHRONIC MEDICAL PROBLEM: _____

PRESCRIBED DOSAGE TO BE TAKEN: _____

LENGTH OF TIME MEDICATION MUST BE TAKEN: _____

POSSIBLE SIDE EFFECTS AND/OR SPECIAL PRECAUTIONS TO BE TAKEN: _____

_____

CONDITIONS UNDER WHICH SELF-MEDICATION WILL TAKE PLACE:

[___]SELF-ADMINISTRATION {CHILD MUST HAVE HAD TRAINING AND BE PROFICIENT IN SELF-ADMINISTERING MEDICATION.} NAME OF TRAINER & DATE OF TRAINING:

_____

*[___} UNDER THE SUPERVISION OF SCHOOL PERSONNEL. MEDICATION SHOULD BE (____)STORED IN THE OFFICE **OR (___)** POSSESSION OF STUDENT*

PHYSICIAN PRINTED NAME	**SIGNATURE:**
CLINIC	**DATE:**

Student Medication Tracking Form

Student Name:	***DOB:***
Parent's Name	***Grade:*** ***School Year:***
Cell Phone:	***Work Phone:***

DATE	RX	TIME	STAFF INITIALS

Policy 3510F Student Medications Form
Authorization & Tracking Purposes