



CCSD Medication Administration at School Policy Letter:

Dear Parent/Guardian:

In accord with the policy of the College Community Schools, if medication is to be given by school personnel, a Medication Permission Form must be completed per the parent or legal guardian. A Medication Permission Form must be completed for each medication your child is receiving at school. The Medication Permission Form is available on the next page or in the school office.

ALL Medications must be brought to the school by the parent, guardian, or a responsible adult.

DO NOT send medication to school with your child.

The medication must be left in the office in the original, labeled container with the following information:

- 1. Student's name**
- 2. Physician's name**
- 3. Name of medication**
- 4. Strength, dosage, frequency and route of administration prescribed**
- 5. Name and address of pharmacy**
- 6. Date of prescription**

Medication can only be administered as prescribed per label instructions. If the prescription is changed at any time, we must have a new, signed, Medication Permission Form completed by the parent/guardian and an order from the physician indicating the change. The new prescription label is acceptable as a statement from the physician.

Temporary medication such as antibiotics that are to be given 3 times a day will not be given at school. Such medications can be given at home; before school, after school and at bedtime.

No medication will be sent home with a student. Parents/guardians must pick up any leftover medications when discontinued, expired, or at the end of the school year.

If you have any questions please contact the school nurse in your students building at 848-5225.

College Community School District Nurses

April 2019

MEDICATION PERMISSION FORM

I give permission for the College Community school nurse, or his/her authorized representative, to administer the below-named medication to my child and agree to:

1. Submit this completed Medication Permission Form to the School Health Office.
2. Personally ensure that the medication is received by the Health Office Staff in the **original, labeled container** as dispensed by the prescribing physician or licensed pharmacist or is in the manufacturer's container; a responsible adult must deliver the medication to the office. School Board Policy indicates that medication must be brought to school by the parent, guardian, or responsible adult only. **Do not send medication with the student.**
3. Personally ensure that the container in which the prescription medication is dispensed is marked with the medication name, dosage and interval dosage.

Parent/Guardian Signature	Daytime Phone	Date
<hr/>		
STUDENT: _____	Date of Birth: _____	
GRADE: _____	TEACHER: _____	
MEDICATION: _____	STRENGTH: _____	
DOSAGE: _____	END DATE: _____	
TIME: _____	AT HOME: _____	AT SCHOOL: _____
Medication prescribed by: _____	M.D. Phone: _____	

CONSENT FOR RELEASE OF INFORMATION: I give permission for the parties named below to exchange written and verbal information with personnel at CCSD regarding the above named student. If this medication is for attending or behavior concerns, CCSD may send behavior checklists to physician named below. This permission is good for one school year.

Specific authorization for release of information protected by state or federal law:

My signature releases all information related to (check appropriate spot):

____ Mental Health/Psychological ____ Substance Abuse ____ Allergies ____ Asthma

Other (specify): _____

Name of physician: _____ Phone: _____

Parent/Guardian Signature	Daytime Phone	Date
----------------------------------	----------------------	-------------