

South Hardin Schools
Nurse Amy, School Nurse

CONSENT TO RECEIVE PRESCRIPTION & OVER-THE-COUNTER
MEDICATIONS

Any medications sent to school for your student must be in the original bottle. Please do not send the entire amount of medicine, only that which will be given at school. Please check with your pharmacist about getting an extra labeled bottle when you fill the prescription. If that is not possible, you will need to keep the medicine for home in a different container. Any medication sent to school in unlabeled bottles cannot be given. If you have questions, please contact the school nurse.

STUDENT _____ GRADE _____

PHYSICIAN/PRESCRIBER _____

PHONE _____

NAME OF PHARMACY _____

DIAGNOSIS _____

NAME OF MEDICATION _____

DOSE _____

TIME OF DAY _____

STARTING DATE _____ ENDING DATE _____

AMOUNT SENT (number of tablets, amount of liquid) _____

I request that the prescribed drugs or medication be dispensed according to these written directions. I request that this medication be given by a qualified staff person. I further agree that school personnel may contact the prescriber as needed and that medication information may be shared with school personnel who need to know.

PARENT/GUARDIAN (print) _____

SIGNATURE _____

DATE _____

HOME PHONE # _____

WORK PHONE # _____

PERMISSION FOR DISPOSAL OF MEDICATION

_____ I will pick up my student's medication within 1 week of the last day of school.

_____ Discard any remaining medications

If a medication is left after the last day of school, it will be discarded one week after school is out for the summer.

School medications and health care services are administered following these guidelines:

- Parent has signed and dated authorization to administer the medication.
- The medication is in the original labeled container as dispensed or the manufacturer's labeled container.
- The medication label contains the student name, name of the medication, directions for use and date.
- Annual renewal of authorization and immediate notification, in writing, of changes.

FOR NURSE'S USE ONLY

For short term medication duration, time, date, and initialing may be recorded below.

Date Time Initial											
Date Time Initial											
Date Time Initial											

The school is not responsible for medications not stored in the nurse's office.