

**Parental Consent to Administer Medication During the School Day
By the designated school personnel**

Student's Name: _____ Physician Name _____

Medication Allergies: _____ School Year _____

I, _____, request and give permission for school personnel at Lake Preston School staff to give my child _____ the following medication(s) according to the stated directions. I understand and agree that the school will not be held responsible for any ill effects which might occur in connection with the administration of this medication.

Medication Name: _____

Dose: _____ Route _____

Instructions: _____

Time(s) to be given:

- At: _____ Daily Every _____ hours
- As needed for _____

Parents, please review the School medication policy

Key Points:

- Medication must be provided by the student's parent/guardian.
- Medication must be in its original container with dosing instructions (not a blister pack, ziplock bag or dosing syringe).
- Prescription medication must have a pharmacy label stating the child's name, drug, dose and instructions
- Expired medication cannot be administered. Unclaimed medication will be handed back or destroyed after the last day of school.
- Students in grades K-5 are not allowed to carry medication onto school property or district transportation unless entitled by law.
- Please note, per policy, **NO** student may carry or self-administer a **controlled substance** at school.

Parent/Guardian Signature: _____

Date: _____

LAKE PRESTON PUBLIC SCHOOL DISTRICT POLICY FOR ADMINISTRATION OF MEDICATIONS AT SCHOOL

The following restrictions are observed to protect the health and safety of all students.

- Medication must be provided by the student's parent/guardian.
- A medication permission form with written instructions and parent/guardian signature must be included with each medication.
- Medication must be in its original container with a label stating the medication name, dose & instructions.
- Prescription medication must have a pharmacy label stating the child's name, drug, dose and instructions.
- Elementary school students are not allowed to carry or possess medication on school property, including district transportation, with the following exceptions:
 - Students in grades 7-12 may possess and self-administer over-the-counter medications with the written consent of the student's parent/guardian. School district personnel will not monitor or oversee this practice unless otherwise requested to do so by a parent.
 - Students may possess and self-administer medications for diabetes, asthma and anaphylaxis if the nurse has received signed permission and authorization statements from the student's parent/guardian and/or physician/health care provider.
 - Herbal substances or dietary supplements provided by the parent will be given only if it is required by the Individualized Education Program or Section 504 plan of a student with disabilities. In general, pure vitamins and minerals are not considered dietary supplements.

- All unclaimed medication will be handed back or destroyed after the last day of school.