

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Advisory

I give my permission for my child to receive the medication(s) listed below. I also give permission to share this information with appropriate school staff for the well-being of my child.

\_\_\_\_\_  
Signature of Parent/Guardian

**PHYSICIAN: PLEASE FILL IN ALL OF THE SPACES. MISSING INFORMATION WILL CAUSE THE FORM TO BE RETURNED TO YOU AND A DELAY IN YOUR PATIENT RECEIVING MEDICATION/TREATMENT.**

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Diagnosis

\_\_\_\_\_  
Date to begin

\_\_\_\_\_  
Date to end

\_\_\_\_\_  
Reason medication must be given in school

\_\_\_\_\_  
Name of medication/equipment/treatment

\_\_\_\_\_  
Dose

\_\_\_\_\_  
Time(s) to be given during school

\_\_\_\_\_  
Total dosage per 24 hours

Instructions for administration/utilization:

Students may self-administer Asthma inhalers and Epi-pens unless otherwise specified by physician or parent.

\_\_\_\_\_  
Side effects:

Actions to be taken for side effects:

Is any restriction on activity necessary? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, describe:

Is patient taking other medication? No \_\_\_ Yes \_\_\_ Is similar equipment kept by family at home? No \_\_\_ Yes \_\_\_

\_\_\_\_\_  
Print name of Health Care Provider/credentials:

Physician's phone # \_\_\_\_\_ Emergency # \_\_\_\_\_

\_\_\_\_\_  
Signature of Health Care Provider:

**ALL MEDICATION MUST BE IN A PROPERLY LABELED BOTTLE FROM THE PHARMACY OR MANUFACTURER  
(over)**

**TO THE PHYSICIAN:**

Your patient has requested that medication or equipment be utilized in school. Ideally, the administration of medication or utilization of equipment should take place at home. However, for patients who require medication/treatment during the school day in order to function in the classroom, Charter School Policy does permit selected school staff to administer medication. In some cases, students may self-administer their medication or procedures with nurse approval.

Charter School Policy also permits the use of equipment/machinery in those instances where the patient's family keeps similar equipment at home and such equipment/machinery is necessary in order to enable the patient to function in the classroom. Instruction for use and precautions should be spelled out in detail. If your patient's medication or treatment schedule cannot be altered so that all the meds are received at home, then please complete the form on the reverse side. A separate form is required for each medication or treatment.

Dear Parent/Guardian:

Some children need the administration of medication or special equipment in order to function in the classroom. Ideally, this should take place at home. If your child's medication/equipment schedule cannot be altered so that everything can be administered at home, you can request that they be given in school by submitting this completed form to the School nurse or Director of Guidance. **This also applies to non-prescription drugs.** When the medication/treatment prescribed for your child exceeds or differs from that approved by the FDA or manufacturer, you and your health care provider will be required to submit additional written information to the school nurse prior to approval. Once the request has been approved you will be required to bring the medication to school properly labeled and packaged by a registered Pharmacist. The medication bottle must have a Saf-T-Closure cap and the label **MUST** include: The student's name, prescription date (current), pharmacy name, name of medication, dosage, expiration date, pharmacy address and phone number, instructions for administration, prescription number, and name of prescribing health care provider.

Special equipment services in school will be provided only if you have such equipment at home. You must provide the equipment as well as repair and replace it when necessary. After the request is approved, please bring the equipment to school, and demonstrate its use to selected school staff. Operating instructions must accompany the equipment.

This procedure must be repeated each school year and/or each time there is a change in dosage. Unused medication that is not picked up within 10 days or by the last day of school will be discarded.

If you have any questions on this procedure please contact the School Nurse, Principal, or Director of Student Services. Thank you.