

SURRY COUNTY SCHOOLS
SCHOOL HEALTH PROGRAM
Request For Medication to be Given During School Hours

Location of Medication _____

Medication Expiration Date _____

Amount Received _____

Note to Parents/Guardians:

The Surry County Schools require that all students who need medication during school hours must:

- 1. Present this completed form
2. Prescription medicines must be brought to school by an adult in a pharmacy- labeled bottle which contains instructions on how and when the medicine is to be given. (Parents may request the pharmacist dispense two bottles of medication, one for home and one for school.)
3. Over-the counter drugs must be received in the original container and will be administered according to the doctor's written instructions.

Medication may be given by school personnel provided the physician completes this medication permission request form. Medication should be brought to school by parents rather than children.

Name of student _____ School _____ Teacher _____

To Be Completed by Physician/Only one medication per medication sheet

Medication _____ Dosage _____

Time(s) to be given at school _____ Length of time _____

Circle form of medication: Tablet Capsule Liquid Ointment Inhalant Other _____

Emergency Medications (ONLY Inhalers, Epi Pens, and Glucagon) may be kept on student yes _____ no _____

Precautions/Side Effects/Comments _____

Physician's Signature _____ Date _____

Parent's Permission

I give my permission for my child to receive medication during school hours as prescribed by a physician. I hereby release the School Board, their agents, and employees from any and all liability that may result from my child taking the prescribed medication. I understand that any discontinued or unused medication will be disposed of at the end of the school year. If a Care Plan is needed for my child, I will be asked to complete one. If the Care Plan is not returned completed, the nurse may complete one and give to staff on a need to know basis.

Parent Signature _____ Date _____ Telephone # _____

School Use Only Reviewed by: School Nurse _____

RETURN TO SCHOOL NURSE