

Milne/Kelvin Grove School District 91
MEDICATION AUTHORIZATION

Please Note: Only one medication per form.

(All information in this section must be completed)

STUDENT NAME _____ Date of Birth _____ Grade _____

ALLERGIES (Please List) _____ Current weight of Student _____

Purpose of Medication _____

OVER THE COUNTER MEDICATION

(Includes, Cough Drops, Tylenol, Motrin, Oragel, Lotions, Mucinex, etc.)

Physicians signature is not required for Over The Counter Medications

(All information in this section must be completed)

Name of Medication _____ Strength of Medication _____

Time to be administered _____ Dose to be administered _____

Special Instructions _____

PRESCRIPTION MEDICATION

(Includes all medication ordered by a Physician)

Requires a Physician Signature

(All information in this section must be completed)

Name of Medication _____ Strength of Medication _____

Dose _____ Route _____ Frequency _____

Possible side effects _____

Special Instructions _____

Physician Signature _____ Date _____

Address _____ Phone _____

Parent Authorization

(All blanks must be completed)

I hereby grant my permission for non-medical support staff of Milne-Kelvin Grove School District to give (student name) _____ the above named medication as prescribed. I agree to provide medication in the original bottle which is properly labeled by the pharmacy/store. The medication will be kept in the school office. The student will report to the school office to receive the medication. I am aware that students are not allowed, under any circumstances to have medications in their possession on school property.

Parent/Guardian Signature _____

Date _____

Address _____

Phone _____

MILNE-KELVIN GROVE SCHOOL DISTRICT #91 RECOMMENDED GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOL

The purpose of administering medications in school is to help each child maintain an optimal state of health that may enhance his/her educational plan. The medications shall be those required during school hours that are necessary to provide the student access to the educational program.

The intent of these guidelines is to reduce the number of medications given in school, yet assure safe administration of medications for those children who require them.

GUIDELINES

All prescription medications given in school must be prescribed by a doctor. A written order from the prescribing doctor must be provided and name of the medicine, dosage and time intervals that the medicine is to be taken should also be included.

Any over-the-counter medication needs the parent authorization completed and on file at school. (see other side for authorization)

Medication must be brought to school in the original package or appropriately labeled container. Over-the-counter medication shall be brought in with the manufacturer's original label and the child's name affixed to the container.

Written parent/guardian consent is to be placed on file requesting that the medication be given during school hours.

Any questions regarding these guidelines can be made by contacting Milne Grove School at 838-0542 or Kelvin Grove School at 838-0737.