

PARENT REQUEST TO ADMINISTER PRESCRIPTION MEDICATION AT SCHOOL

The Fort Knox Community Schools require that all students who need medication during the school hours must do the following:

1. The parent or legal guardian must sign the "Parent Request to Administer Medication at School" form.
2. **The parent/guardian** must bring the medication to school in the original container with the prescription label attached. **No child may ever transport any type of medication to school and no medication will be accepted in anything other than the original prescription bottle.**
3. The nurse can transcribe the prescription, remove the amount of medication needed for school, and then send the original container home with the parent/guardian.
4. Long term medication (given on a daily basis) must be provided to the nurse in a separate prescription bottle which is labeled "For School Use" or has the initials ESBP (extra school bottle please) on the label.
5. By law, nurses must give medications exactly as prescribed on the prescription bottle. **The parent must notify the school nurse immediately of any medication changes such as discontinued meds or changes in type, dosage, or administration times.** These changes must be accompanied by either a new bottle of medication with the appropriate dosage/time on it or some form of communication (note or phone call) from the doctor to the nurse.

Please note that no over-the-counter medications will be given at school without a doctor's prescription. The medication bottle must have a pharmacy label with the child's name or it must be an unopened bottle/package accompanied by a written doctor's prescription.

Siblings will not share prescriptions. Each child must have his/her own prescription bottle.

TO BE COMPLETED BY THE PARENT/ GUARDIAN

_____	_____
Student Name	School/ Teacher
_____	_____
Name of Medication and dosage	Time to be given at school

The school nurse is requested to administer the above prescribed medication to my child. I understand that in the event that the nurse is not available, the Principal or his/her designee will give it. I also understand that I, the parent/guardian must transport this medication to and from school.

In the event that the nurse feels the need to communicate with the doctor about this medication:

I do give my permission for the nurse to talk to the doctor/Clinic. My doctor is at Clinic _____.

I do not give permission for the nurse to talk to the doctor with the understanding that the nurse reserves the right to refuse to give this medication if she feels that it is not safe for her to do so.

_____	_____
Date	Parent/Guardian signature