

	School Health Services Permission for Non-Prescription Medication	For school use: #1 School: <input type="checkbox"/> Routine <input type="checkbox"/> PRN Start Date: _____	For school use: #2 School: <input type="checkbox"/> Routine <input type="checkbox"/> PRN Start Date: _____
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When possible, medications should be given to students before or after school. District 50, however, recognizes that it may be necessary for medications to be given at school and has developed written procedures for the safety of students. No medication will be given without written parental permission. All medications must be provided in their original container. Over the counter medications may be given within the age appropriate guidelines indicated on the container or package insert. Greenwood School District 50 may reject requests for certain medications to be given at school.

Please complete a separate form for each medication to be given. If the medication is to be given to more than one of your children, complete a separate form for each child.

Student's Name	Date of birth	Grade/Teacher
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Name of medication to be given:		Amount to be given:	
Reason for medication:			
Time of day medication to be given at school: <input type="checkbox"/> Every morning <input type="checkbox"/> Lunchtime <input type="checkbox"/> Only if needed <input type="checkbox"/> Other _____	Anticipated length of time medication needs to be given at school: <input type="checkbox"/> Until end of current school year <input type="checkbox"/> _____ Weeks <input type="checkbox"/> _____ Days		
Does your child take any other medications?	Yes	No	If yes, please list:
Is your child allergic to any food, medicine, or other items?	Yes	No	If yes, please list:
Health Care Provider's Name:			

I give permission for the school nurse, principal, or principal's designee to give my child medication as noted above. I give permission for the school nurse, principal, or principal's designee to contact the health care provider to discuss this medication and my child's health; and I give permission for the health care provider to share information with the school. I agree to notify the school of any changes in my child's health status that may influence this medication's administration. I understand that any unused medication must be picked up by an adult. Medications that are not picked up by the last day of school will be destroyed according to District 50 policy.

◆ Parents must make arrangements in advance for any medications to be sent on off campus field trips.

Signature of Parent / Guardian	Date
Print or Type Name of Parent / Guardian	Day Phone Number