

# Medication Administration Release Form

Date: \_\_\_\_\_

School: \_\_\_\_\_

I authorize school personnel to give medication to my child during the school day in accordance to the Conway Public School Student Health Policy. I will not hold the school responsible for any undesired reaction that may occur as a result of taking this medication and the school will not be held responsible for failing to give the medication.

\_\_\_\_\_

Parent/Guardian Signature

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage Ordered: \_\_\_\_\_

Time of Administration: \_\_\_\_\_ Physician Name: \_\_\_\_\_

For the treatment of what illness: \_\_\_\_\_

## Emergency Contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

## *Medication Guidelines*

1. ALL MEDICATION MUST BE BROUGHT TO THE SCHOOL BY A PARENT.
2. All medications must be brought to the school in a properly labeled prescription container.
3. The Medication Administration Release Form must be completed and signed in order for a medication to be given.
4. PRN (as needed) or OTC (over the counter) medications will not be given at school. (For example, Tylenol and Ibuprofen) In order for these medications to be given at school, a doctor must write a prescription for them and they must be delivered by a parent in a prescription labeled container.
5. Medications ordered three times a day or less will not be given at school, unless determined necessary by the nurse.