

Nineveh-Hensley-Jackson United School Corporation
Indian Creek Schools

REQUEST FOR MEDICATION DURING THE SCHOOL DAY

Complete one form for each prescribed or over the counter medication.
Guidelines on reverse side.

School Year _____ Grade _____
Student Name _____ Date of Birth _____
Parent or Guardian _____
Home Phone _____

MUST BE COMPLETED BY PHYSICIAN

Name of medication/treatment _____

Reason for medication/treatment _____

Administration schedule (include schedule for PRN medications:) _____

Dose _____

Possible adverse reactions/side effects _____

For PRN Asthma inhalers or Epi-Pens only; complete if applicable:

NO YES – This child has been provided adequate instruction and is both capable of and responsible for self-administering this medication.

NO YES – Due to the severe nature of this child’s medical condition, I recommend that this child be allowed to have this medication in his/her possession and to use it as needed.

Physician’s Name _____ Fax Number _____

Physician Signature _____ Phone Number _____

Date _____

Authorization valid for one school year and must be renewed annually.

I, the parent or legal guardian of the above named student, request the medication listed above be given at school. I will notify the school **in writing** if there is a cancellation or change of this medication. I have read and understand the policy information on the back of this form. This form shall also permit the school nurse to share and request relevant health information from my physician regarding the administration of this medication and/or share relevant health information to school personnel as needed.

Parent/Guardian Signature _____ Date _____

**Nineveh-Hensley-Jackson United School Corporation
Indian Creek School Health Services**

Procedure for the Administration of Medication In School

In order to provide maximum safety to our students and others, the Nineveh-Hensley-Jackson Schools have established a medication procedure to guide parents and school personnel.

The “Request for Medication during the School Day” form must be completed for prescribed medications and on file with the school nurse for your child to be allowed to take prescribed medications (including over the counter) during school hours. This written request form must include signature of the parent as well as the printed name and signature of the physician for the prescribed medication (s).

For emergency medications such as asthma inhalers or epi-pens, students may carry in their possession and self-administer as needed, provided they have been adequately instructed in their use by a physician (as documented on the reverse side of this form.)

Medications should be administered to school age children at home whenever possible. Further, the schools do not administer any over-the-counter medications for longer than a week unless a physician has prescribed the OTC medication. **Herbal, homeopathic, and natural remedies are not given without a physician prescription.**

At no time shall any student keep any medication in their possession, locker or desk, or self-administer medication without proper authorization.

**All medication must be provided to the school in its original container
and be properly labeled.**

Medication containers must clearly state the information below:

Prescribed Medications

Pharmacy label intact
Name of student
Name of medication as listed
on “Request for Medication”
form
Dosage to be given
Frequency of dosage
Name of physician
Name and phone number of pharmacy

Over the Counter

Name of student
Name of medication as listed on
“Request for Medication”
form.
Dosage to be given
Frequency of dosage

Parents are responsible for providing the school with supplies as needed for medication administration. The schools DO NOT provide medications such as Tylenol, Advil, etc.