

Wa-Nee Community Schools

STUDENT MEDICATION PERMISSION FORM

The following guidelines will be used by Wa-Nee Community Schools in regard to the administration of medication to students in the school setting. These guidelines are necessary to provide for the safety and well being of your child and the school employees.

- Under normal circumstances, medication should be dispensed before and/or after school hours under the supervision of the parent or guardian.
- Only medication that must be given during the school day is permitted in the school.
- Students are not permitted to carry any medication with them during the school day, except asthma inhalers. All other medications must be secured with the school nurse.
- **All medication must be in its original container.** The school will not accept prescription or non-prescription medications in envelopes or plastic bags.
- Prescription medication must be accompanied with a note from the parent. The note must include the following information:
 - Child's name
 - Name of medication
 - Amount of medication to be taken
 - Time(s) medication is to be taken
 - Parent / guardian signature
- No medication may be taken or administered at school without a parent note or completed **STUDENT MEDICATION PERMISSION FORM.**

If the parent / guardian would allow "over-the-counter" pain relief medication for headache or discomfort to be given, please fill out and return the following **STUDENT MEDICATION PERMISSION FORM.** Students may bring their own bottle to be left in the nurse's office.

STUDENT MEDICATION PERMISSION FORM

STUDENT NAME: _____ GRADE: _____

DATE OF BIRTH: _____

I give permission for my child _____ to receive an "over-the-counter" pain reliever, (i.e. Tylenol, Ibuprofen, etc.) as directed for headache or discomfort as needed during the school year.

Parent / Guardian _____ Date: _____