



Medication Release Form

Dear Parent/Guardian.

Any medications that your child brings to school should be kept in the school office with a release form filled out for each type. **The school does not provide aspirin or other non-prescription medications, so only medications brought from home will be available for your child.** Below are some guidelines and the required release form. Please fill out and return the form with your child's medications to office personnel.

Medications that should be kept in the office include:

OVER-THE-COUNTER MEDICATIONS: Including, but not limited to, vitamins and food supplements, eye, ear and nose drops, inhalants, medicated ointments or lotions, aspirins, cough drops, and antacids. All medications should be brought to the office when brought from home for students to use at school.

PRESCRIPTION MEDICATIONS:

The following is required from the parent or guardian:

1. Written instructions from the doctor including:

* name of student * name of medication * dosage * time to be given *method of administration

It is **recommended** that the physician note possible adverse reactions and any required interventions. These instructions **may be** included on a prescription label **or** in separate written directions from the physician.

2. The authorization form below must be signed and filled out **completely** by the parent or guardian.

3. All prescription medication must be in the prescription bottle and clearly labeled. (If the student is also taking the medication at home, the medication can be issued by the druggist in two separate bottles at no additional charge.)

4. Medication for ALL students should be brought to the office by a parent or guardian.

5. Unused prescription medications must be picked up by the parent when treatment is complete or at the end of the school year. Medications left at school past the end of the school year will be destroyed.

6. Prescription medications to be dispensed will be kept in the CVA office in a locked cabinet away from children's reach.

7. Asthmatic children who must have an inhaler available on very short notice will be allowed to carry the inhaler with them provided a note from their physician indicates such need. The child's teacher will be made aware of this need and care should be taken that the inhaler is not available to other children in school.

I am requesting that my child, , be given or be assisted in taking

at until .
(medication and dosage) (time) (date)

Purpose of medication:

Special Instructions:

If the medication is a prescription, please fill out the doctor's information in the space provided.

This medication was prescribed by:

(doctor's first & last name)

(doctor's phone)

Doctor's Address

City

State

Zip Code

Parent/Guardian Signature

Date

(This authorization applies only to the medication listed above and for the duration of therapy or school year.)