

GUIDELINES FOR ADMINISTERING MEDICATIONS

If your child needs to take medicine during school hours, it will be necessary for school personnel to have on file the following:

FOR PRESCRIPTION MEDICINES, medications must be in container labeled by pharmacist, giving the name of the student, doctor, medicine, dosage to be administered, and directions for administering. A written request from the parent or guardian for school personnel to give the medication(s) must be given to school personnel.

FOR OVER THE COUNTER MEDICINES, medications must be in the original container and a written request from the parent for school personnel to give the medication must be given to school personnel. The note should state the dosage and directions for administering.

It is important to realize that unlabeled medicines and medicines that are labeled for someone other than the specific patient will not be given by school personnel.

PAMPA I.S.D. PERMISSION FOR MEDICATION

DATE: _____

STUDENT NAME: _____ GRADE OR
TEACHER: _____

As parent or guardian of the above-named student, I request that Pampa I.S.D. personnel administer the following medication which I have provided in the original container according to Pampa I.S.D. policy:

_____ for _____ at _____
name of medication *reason for giving* *time*

PRESCRIPTION # _____ prescribed by Dr. _____

FOR ASTHMA INHALERS . . . I REQUEST THAT MY CHILD BE ALLOWED TO CARRY HIS/HER INHALER
ON HIS/HER PERSON _____ YES _____ NO

ANY KNOWN DRUG
ALLERGIES: _____

I RELEASE PAMPA I.S.D. AND ITS STAFF FROM ANY AND ALL LIABILITY RESULTING
FROM AN ALLERGIC OR ANY OTHER ADVERSE REACTION TO THE ABOVE-NAMED
MEDICATION.

Signature of Parent or Guardian

This form will be attached to the medication to be given. Additional forms may be picked up at the school office.

Thank you for your cooperation.