## SPEARVILLE ELEMENTARY SCHOOL Guidelines for Student Medication

Parents/guardians will be required to provide written permission before any medication will be administered to their student(s). Separate forms for OTC (over the counter), prescription, and self-administered medication will be provided in the school office.

Parents/guardians will need to complete the forms as needed throughout the school year. A permission form for Tylenol, Ibuprofen, and other OTC medications that might be used occasionally throughout the year may be completed once for the whole school year. A separate form for each prescription medication must be completed as needed. A separate form will also be required for those students who self-administer prescription medication (example: asthma inhaler).

Medication brought to school must be in the original container and appropriately labeled. Prescription medication must be properly labeled by the pharmacy, or the physician; stating the name of the medication, the dosage and times to be administered. The school cannot supply the medication for students.

School employees who administer any drug, medication or nonprescription medication pursuant to parental written permission shall not be liable for damages as a result of an adverse medication reaction suffered by the student because of administering such medication.

These guidelines are not intended to complicate the medication process. The guidelines are designed to help protect all students and staff members.

Sincerely,

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Christopher Korbe Spearville Elementary Principal

## USD 381 SPEARVILLE Permission for Medication (Tylenol, OTC)

Name of S	tudent			
Teacher				Grade
Medication				Dosage
Date				
Medication	n to be given	occasionally	y as needed throughou	it the school year.
above med medication nonprescrip for damage	ication at sc I. I further uption medica	hool as order inderstand th ation pursuar of an advers	red. I understand that at any school employe at to parental written r	to take the it is my responsibility to furnish this ee who administers any drug or equest to my student shall not be liable suffered by the student because of
Date				
Signature of	of Parent or	Guardian		
	rmacy, or ph		-	riginal container appropriately labeled edication, the dosage and times to be
Date	Time	Dosage	Administered By (signature)	Comments