HEALTH SERVICES

PARENT PERMISSION FOR STUDENT TO SELF-ADMINISTER NON-PRESCRIPTION MEDICATION

School Board Policy 5.15 – Administration of Medication during school hours, states that "all prescription and non-prescription medication administered by the school at the elementary, middle and high school level must be directed by a physician who has determined that a student's health and well-being requires medication during school hours. <u>All non-prescription medication in the possession of students at the middle and high school, not administered by the school, requires written permission from the parent to the school."</u>

To comply with **School Board Policy 5.15**, parents/guardians are responsible for obtaining the Medication Authorization Form to be filled out by the physician if medication will be given by the school. For those students carrying Non-prescription; Non-emergency medications, the parent/guardian is responsible for completing the Parental Permission Form at the bottom of this letter.

School Board Policy 5.15 – Administration of Medication During School Hours, states that a student at the middle and high school level may carry a Non-prescription; Non-emergency medication on his/her person while in school with approval from his/her parent/guardian.

Over-the-counter medications must be in the original container.

I give permission for the below named chemergency medication. I understand that and that a copy of this permission form minappropriate behavior or a safety risk, the	t my child may not share his/he ust accompany the stated med	r medication under any circumstance ication. I understand that if there is
Student Name	Grade H	omeroom
Name of Non-prescription; Non-emerge Reason for medication	ncy medication	
Parent/Guardian Signature	Parent/Guardian Printed N	Name Date
I understand that I am not to share my m form must accompany the above medical	•	ce and that a copy of this permission
Student Signature	Student Printed Name	e Date