

MITCHELL SCHOOL DISTRICT 17-2
REQUEST AND AUTHORIZATION FOR MEDICATION/TREATMENT

Parents are requested to give medications at home whenever possible. If it becomes necessary to administer medication to students during school hours the following regulations will be observed:

1. A parent/guardian or designated adult must deliver to the school all medications including refills to be administered by school personnel.
2. Medication to be administered must be prescribed by a licensed medical professional. The school may contact the professional as necessary.
3. Medication to be administered by school personnel must be provided in the prescription container with the prescription attached. Medication improperly packaged or labeled will not be administered.
4. Parents or guardians must provide the information requested below and sign the form granting the school permission to administer the medication.

To be completed by parent or guardian:

I request and authorize officials at (circle one) ECH, Longfellow Elementary, GBR Elementary, LBW Elementary, Mitchell Middle School, Mitchell Senior High School to supervise the below stated medication and dosage.

Student's Name _____

Medication _____

Dosage and Time _____

Method (oral, ear drops, etc.) _____

Possible side effects or adverse reactions _____

The student is being treated for _____

I understand the medication shall be provided in a bottle labeled by the pharmacy to include the student's name, medication and strength, dosage and time medication is to be taken and physician's name.

I understand that district personnel are rendering a service and will administer the medication only in accordance with the instructions on the label.

I understand that the school district and individuals involved will not be liable from any adverse effects of the medication.

I understand that the school may contact the prescribing professional regarding the medication and/or its effects.

_____ Initial for consent to carry and self administer inhaler.

Signature of parent or guardian _____ Date _____