WESTERN LINE SCHOOL DISTRICT

"Committed to Excellence in Education"

MEDICATION ADMINISTRATION POLICY

Dear Parent / Guardian:

Please review the guidelines set forth by the MS State Department of Education and the MS State Department of Health regarding the medication administration policy. Any student requiring medication during school hours must do the following:

1. Present this written consent form signed by the parent or legal guardian and the child's physician. This will be required for both **prescription and over-the-counter medications**. This form will have to be updated and renewed annually.
2. Medications are **not** to be brought to school by a student. The parent or legal guardian must bring them to school.
3. The medication must be brought to school in the **original prescription bottle**, properly labeled by the pharmacist as prescribed by law. You can request that your pharmacist give you 2 bottles (one for home and one for school). If the doctor changes the dosage, you will be required to provide a new bottle with the corrected dosage on the label.

Name of Student: ____

Date of Birth: ______________________ School: ______________________

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TO BE COMPLETED BY PHYSICIAN

Name and Strength of medicine: ______________________________
Diagnosis for which medicine is given: ______________________________
Specific times and doses to be given at school: ______________________________
Length of time student to continue medicine: ______________________________
Are there any special instructions? ______________________________

______________________ ____________________________ ___________
Printed Name of Physician Signature of Physician Date

Physician or Clinic Address: ______________________________________

Telephone: ______________________ Fax: ______________________

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TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN

I, ________________________________, give my permission for my child to receive the above medication as directed at school.

Parent Signature: ______________________________ Date: ________________
Home #: _______________Work #:________________Emergency #:________________