**SILVERTON ISD**

**MEDICATION ADMINISTRATION REQUEST**

State law permits school personnel to give medication to students at school only when it is provided by parents or legal guardians and with **written permission** from them.

**\*\*\*THIS INCLUDES ALL OVER-THE-COUNTER MEDICATIONS. PLEASE INDICATE BELOW ANY OTC MEDICATIONS AS NEEDED (TYLENOL, IBUPROFEN, COUGH DROPS, ETC.)\*\*\***

When it is necessary for your child to receive medication during the school day:

* All medication must be in the original container, clearly labeled with the student’s name, the dosage and/or age appropriate dose of medication, and directions for administration.
* The *Medication Administration Request* form must be completed each year and when there are any changes to the original request including a medication and/or dosage change.
* Only FDA approved pharmaceuticals (prescription and non-prescription) manufactured within the United States will be administered.
* At the end of the school year, any medication that has not been picked up by the parent/guardian will be destroyed!

**STUDENT:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MEDICATION:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **ALLERGIES:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TIME to be administered:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATES to be administered:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONDITION for which medication is required:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\***Special instructions/precautions/side effects of medication:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PHYSICIAN’S NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I give permission for SISD staff to administer the medication specified above to my child.

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**