**Grain Valley R-5 School District**

***Medication Administration Consent and Record***

# Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Year 2016-2017

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# Grade/Teacher\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rx\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Pharmacy\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medication/Strength\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dose/Time\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medication Allergies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Refrigerate YES/NO**

I give my permission for the above medication to be given to my child by designated personnel of the school. The District Nurse has permission to contact my child’s physician for additional information regarding this medication.

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_**

***Medication Guidelines:***Medications should be administered at home whenever possible. Medications prescribed for three times per day can generally be given before school, after school and at bedtime. If medications are given at school these guidelines must be followed.

1. All medications (prescription and over the counter) must be prescribed by a physician either by a prescription or a written physicians order.
2. A medication consent form must be signed by a parent/guardian for each medication.
3. Medications should be brought to school by an adult and the first dose of any medication will not be given by the school.
4. Medications must be in an original, current prescription bottle. Pharmacists will provide an extra labeled bottle for school doses.
5. Medications sent in envelopes, baggies, etc. will not be given.
6. The prescription label must contain child’s name, name of medication, dosage, and directions (time of doses, etc.)
7. Over the counter medications must be in the original container, with a written doctor’s order stating the student’s name, name of medication, dosage, directions, reason for giving medication and any contra indications.
8. Expired medications will not be given. Prescriptions over thirty days old will not be given unless prescription indicates a two or three month supply.
9. Parents must provide medications. Our schools do not stock medications.
10. All inhalers must be in the box with the RX label or an RX label directly affixed to the inhaler.

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| **Sign In/Sign Out** | **Amount (tab/cap/oz)** | **Off Campus Admin** | **Date** | **Time** |
| **I/O** |  |  |  |  |
| **I/O** |  |  |  |  |
| **I/O** |  |  |  |  |
| **I/O** |  |  |  |  |
| **I/O** |  |  |  |  |
| **I/O** |  |  |  |  |
| **I/O** |  |  |  |  |
| **I/O** |  |  |  |  |
| **Out** |  | **Wasted/Destroyed** |  |  |