

# Medication Form

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

ACCESS Schools has my permission to administer the following medication:

Medication name/prescription # \_\_\_\_\_

Dose to be given \_\_\_\_\_

Time to be given \_\_\_\_\_

Special Instructions \_\_\_\_\_

Comments:

All information regarding medication is confidential. Medication is kept in a locked box in the teacher's desk with the medication logbook. Parents may not have access to this area. Staff will assist you by placing your child's medication in the appropriate place and documenting that activity in the log.

Your child will have an individual medication report in the logbook. The assigned staff will document all medications given.

In the event of a medical emergency, the staff will follow the emergency protocol. Designated staff will have the emergency release form, medication(s), the log and a list of known allergies available to medical personnel.

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Parent/Guardian Signature

Date

My child will not be receiving medication at school.

class \_\_\_\_\_ ac \_\_\_\_\_ en \_\_\_\_\_

ACCESS Schools

3/7/08