

Ingleside Independent School District

To: All Parents

Subject: ADMINISTRATION OF MEDICATIONS AT SCHOOL

Ingleside School Policy does allow the School Nurse (or other school personnel designated by the School Nurse) to administer medication during school hours as prescribed by a Physician. Non-prescription medication may also be administered if requested by the parent. However, the following requirements **MUST** be met before any medication will be administered at school:

1. Any medication, whether Prescription or Non-Prescription, **MUST** be sent to the School Nurse **IN THE ORIGINAL CONTAINER.**
 - a. Prescription Medication must be in the Pharmacy bottle and labeled with the Pharmacy label showing the date, Student's Name, Drug name, Dosage, and Prescription Number.
 - b. Non-Prescription Medication must be in the original container with the original label and the Student's name.
2. **A SIGNED PERMISSION FORM**, such as the one below, must accompany any medication sent to school.

PLEASE NOTE:

THE SCHOOL WILL NOT ASSUME RESPONSIBILITY FOR ANY ADVERSE REACTIONS A STUDENT MAY HAVE TO MEDICATIONS ADMINISTERED AT SCHOOL.



PERMISSION FORM FOR ADMINISTERING MEDICATION AT SCHOOL

Student: _____ Grade: _____ Teacher: _____
(Not applicable if at high school)

Date: _____ Through: _____

I give my permission for the following medication to be administered to my child at school by the School Nurse or other school personnel designated by the School Nurse.

Medication: _____

Dosage: _____ Time: _____

Reason: _____

I will not hold the school responsible for any adverse reactions my child may have to the above medication.

Signature: _____
Parent or Guardian