MEDICATION PERMISSION FORM **453.4-Exhibit (1)**

School Year _____

Student Name: _____ School: _____ Grade: _____

One medication per form. Medication Permission Form valid for <u>one school year</u> only.

- Prescription medication must be in an original **labeled** pharmacy container and current expiration date.
- Non-prescription medication must be in the original manufacturer's package and the package must list the ingredients, recommended dose, and current expiration date.
- On-hand quantity requirements:
  - Daily Medications: One month supply only. (If half pills are needed; must be cut at home.)
  - As Needed Medications: Only 30 pills or less

Responsibilities and Consent for Medication Administration

It is the responsibility of the student's parent/guardian to deliver medication as necessary to the appropriate school staff member. All unused medication must be picked up by the parent/guardian within one week of the termination date of administration or on the last day of school.

I give permission for authorized or designated school district personnel to administer the medication described below as directed and to contact the student's health care provider as necessary.

Staff members can be informed about the student's health concerns in order for the student to receive appropriate care.

For Inhaler and EpiPen ONLY:

Option 1: During the school day the student goes to the health room where the medication is kept and is used under supervision.

Option 2: If needed during the school day, the student carries the medication and may administer as needed. This option is only available to students who have provided written permission form(s) completed and submitted to the school.

- Students who self carry these approved medications should never share with another person, and
- They should either alert a staff member or go directly to the health room after administration
- Not abiding by these rules may result in the termination of option 2

To be eligible for self carry it is believed the student can:

- Recognize symptoms that would require the usage of the medication
- Is knowledgeable about the correct use of the medication
- Will be able to administer the medication to themselves in an emergency
- Understands that they must abide by the rules described above when carrying the medication at school

I agree to hold the Hamilton School District employee administering the medication harmless in any claims arising from the administration of this medication at school or during a school sponsored activity.

Parent Signature (Required for ALL medication)	
Parent/Guardian Signature:	Date:

Medication Instructions		
Name of Medication:	Dosage and Frequency:	Time to be given:
Reason for Use:	**Route:** Oral____ Injection____ Nasal ____ Eye ____ Ear____ Topical____ Other:	
Side Effects:		
For Inhaler and Epinephrine Medication ONLY (Mark **Option 1 or 2**)	1: Med. will be kept and given in the Health Room under supervision	
	2: Med. will be kept with student and self-administered as needed	
Physician Signature Required for ALL prescriptions AND over the counter medications that are different from label recommendations		
Physician Name:	Physician Signature:	Date:

Revised: October 3, 2023 Revised: May 7, 2024