



Medication Form 2020-2021

This form is to be completed only if a student requires medication at school.
Please **PRINT CLEARLY** in blue or black ink and upload no later than **August 18, 2020**.

Student Name _____ Grade _____

DOB _____

Any medication including inhalers, Epi-pens, and over-the-counter medicine must be authorized by a physician/dentist on this form. The Office Manager will designate the location to keep and the person(s) to dispense medication on an individual basis. BWWS accepts no responsibility for untoward reactions when the medication is dispensed in accordance with the licensed physician/dentist's directions.

This portion to be completed by the physician/dentist.

Name of medication Reason Dose Times(s) of day to be taken

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

If given p.r.n. ("as needed") specify the length of time between doses:

Possible side effects of medication:

Emergency procedure in case of serious side effects:

This portion to be completed and signed by the physician/dentist and parent/guardian.

I request and authorize that the above-named student be administered the above-identified medication in accordance with the instructions indicated above from _____ to _____ (not to exceed current school year) as there exists a valid health reason which makes administration of the medication advisable during school hours. The medication is to be provided by the parent/guardian in the original container labeled by the pharmacy or physician/dentist with his/her name, the name of the medicine, the amount to be taken, and the time(s) of day it is to be taken.

LICENSED PHYSICIAN/DENTIST NAME _____
PHONE _____

LICENSED PHYSICIAN/DENTIST SIGNATURE _____
DATE _____

PARENT SIGNATURE _____
DATE _____

Permission for Student to Carry/Self-Administer Medication at School

This portion is to be completed by physician/dentist and parent/guardian only if applicable.

In some instances, a physician/dentist and parent/guardian may deem it appropriate for a student to carry and self-administer his/her own medication, especially in the case of asthma. It is necessary for both the physician/dentist and the parent/guardian to give their consent in writing. If both physician/dentist and parent/guardian feel that the student is mature and responsible enough to self-administer, then please fill out the above details about the medical condition, the medicine, dosage, etc., and sign the consent above and below. If such permission is granted, then it is agreed that the student will carry only one day's supply at a time. Inhalers are the exception to the One Day rule. Medicine is to be clearly labeled. BWWS is not responsible for monitoring the self-administration of medications, but retains the right to prohibit self-administration that is inconsistent with the instructions set forth above, causes significant disruption to the educational process, and/or is not specifically and expressly authorized herein.

LICENSED PHYSICIAN/DENTIST SIGNATURE _____
DATE _____

PARENT SIGNATURE _____
DATE _____