

Crown Point Community School Corporation
PERMISSION FOR MEDICATION

Name of Student _____

Reason for Medication _____

MEDICATION	DOSAGE	TIME(S) TO BE GIVEN	SIDE EFFECTS
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Anticipated number of days to be given at school _____

Special precautions: _____

Date: _____ **Signature of Physician** _____

I hereby give my permission for _____ to take the above prescription at school as ordered. I understand that it is my responsibility to furnish this medication.

I give the school nurse permission to share this and any other health condition information on my child's health record with school personnel who have a need to know in order to meet the health and safety needs of my child.

Date: _____ **Parent/Guardian Signature** _____

***see back side for medication policy**

REMINDER REGARDING TAKING MEDICATION AT SCHOOL

PLEASE HELP US:

Always try to schedule your child's medication so it can be taken at home. If it is necessary for your child to take medication during the school day, the following must be observed:

- 1) Send the prescription medication in its original container with the child's name, the doctor's name, dosage, and name of the medication on it. It must be accompanied by a note from the doctor.
- 2) A dated and signed note from the parent with the child's full name, name of medication, amount to be given, time(s) to be given, and number of days to be given must be received by the school nurse.
- 3) Over-the-counter medicine (Tylenol, antacid, cough medicine, eye drops, etc) will only be given when it is in its original container and is accompanied by a note from the child's parent and doctor.

Remember...it is the child's responsibility to come to the office when it is time for medication to be given. Please remind your child.

*PLEASE AVOID SENDING MEDICINE TO SCHOOL IF AT ALL POSSIBLE.
EXAMPLE: MEDICATION GIVEN 3 TIMES A DAY CAN BE GIVEN BEFORE
SCHOOL, AFTER SCHOOL, AND AT BEDTIME.*

IMPORTANT:

All doctor's and parent's notes must be renewed at the beginning of each school year, even if the child is continuing with the same medication or treatment as in the previous year. New medication must also be supplied.

BEE STINGS/ALLERGIES:

If your child is allergic to BEE STINGS or has other allergies, please let us know the type of reaction he or she has and what treatment is necessary if this should occur at school.

THANK YOU!