

**Jonesboro Public Schools
Medication Administration Release Form**

Date: _____

To (School): _____

I request that you give medication to my child during the school day in accordance with the Board Policy below. You are authorized to delegate this authority to another person if so desired. I will not hold the school staff responsible for any undesired reaction, which may occur from the medication.

I agree to pay for ambulance service if used to transport my child from school to the doctor or hospital should he/she have a reaction to the medication.

Parent Signature _____

Student Name _____ Grade _____

Name of Medication _____ Dosage _____,

Time(s) to be given _____ for treatment of the following illness _____

In case of emergency call _____ Phone _____

Hospital to be called _____ Phone _____

Doctor to be called _____ Phone _____

Medication Policy Guidelines

1. All medications must be in the original container.
2. Prescription medication must be in the original container with: the child's name, ordering health care provider's name, dosage, frequency, and instructions for administration.
3. All medications will be given according to labeling directions on the container. Deviations from label directions will require a written providers order.
4. Students with an (IHP) may be given over-the-counter medications to the extent giving such medications are included in the student's IHP.
5. A provider order and consent form signed by parent must be on file for all medications given at school. **HANDWRITTEN NOTES ARE NOT ACCEPTABLE.**

Physicians Order

It is necessary for my patient _____, to receive the following medication at school.

Medication: _____ Dosage: _____ Time(s) to be given: _____

Physicians Signature

Date