

**Joplin Public Schools**  
**Request for Administering Medication at School**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

It is generally recognized that some students may require medications for chronic or short-term illness during the school day to enable them to remain in school and participate in their education. While parents carry the primary responsibility for their child's health, they may need to delegate some of this responsibility to school personnel who may or may not be health professionals.

Medications should be given at home whenever possible. Most medications prescribed for 3 times a day can be given before the child leaves for school, when the child gets home from school, and at bedtimes. If medications must be given during the school day, the following procedures will apply:

**PRESCRIPTION MEDICATIONS:**

1. Prescription medications must be accompanied by written authorization from the parent or legal guardian along with dosage and directions.
2. Medications, including inhalers, must be in the original **current** container with a prescription label containing the child's name, name of medicine, dosage and directions. **Do not send medications in envelopes, plastic wrap, lunch boxes, etc., it will not be administered.**
3. The first dose of any medication must be administered at home.
4. Medications may be administered by a school nurse or other personnel that may not be a health professional.

**OVER THE COUNTER MEDICATIONS:**

1. Non-prescription medicine must be in original **current** container and be accompanied by written authorization from the parent or legal guardian, along with dosage and directions. **A limit of 25 doses of each over the counter medication will be given during the school year.**
2. Medications and supplements not approved by the FDA (i.e. dietary supplements, herbal remedies) require written authorization from the parent and physician.
3. School district personnel will not provide any medication at any time.
4. If it is necessary for a child to regularly take a non-prescription medication, such as for migraines or arthritis, a request from the parent AND physician must be provided.
5. Without a physician's order, adult medications will not be administered to a child who does not meet the weight and/or age guidelines.

I consent to allow district personnel to administer the medication indicated on the back of this form to my child during school hours, which will remain in effect for the current school year. I fully understand that the Board of Education, Joplin School District, employees thereof shall not be held responsible or liable in the event of injury resulting from medication administered by district personnel. I understand all medication not picked up by the last day of school will be discarded. I understand no medications will be administered in any amount exceeding the recommended daily dosage listed in the current volume of the Physician's Desk Reference or other recognized medical or pharmaceutical text.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

\* Above signature by parent/guardian to also serve as authorization to discuss medication/health with prescribing physician.



Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade/Room no: \_\_\_\_\_  
 Parent/Guardian contact number: \_\_\_\_\_

Medication name and strength	Exact Dosage	Time(s) to be given	Prescribing Physician	Rx#	Begin Date
For treatment of	Amount left	Special Instructions (refrigerate, spacer, etc.)		Expiration date	End Date

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Aug																															
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<b>CODES:</b> A-Absent D-Early Dismissal DC-Discontinued F-Field Trip N-None Available O-No Show NS-No School PG-Parent Gave R-Refused W-Withheld H-Holiday - Weekend *See nurse note	Signature	Initials

Additional Inventory/Notation:

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