

GREENVILLE AREA SCHOOL DISTRICT

MEDICATION FORM FOR ADMINISTERING PRESCRIPTIVE AND NON-PRESCRIPTIVE MEDICATIONS TO STUDENTS

The Greenville School District recognizes that parents have the primary responsibility for the health of their children. Although, the district strongly recommends that medication be given at home, it realized that the health of some children requires that they receive medication while in school. When prescriptive or non-prescriptive medication must be given during school hours, certain procedures must be followed.

Instructions: To the nurse of school district designee for the medications or treatment required during the school day:

SECTION I

Name of Student: _____ Home Phone: _____

School: Greenville High School Grade: _____ Teacher: _____

SECTION II

To be completed by the physician and parent for any medication given at school (prescriptive or non-prescriptive).

Name of Medication or Nature of Treatment: _____

Dosage: _____ **Time of Dosage:** _____

Purpose of mediation/treatment: _____

Date medication/treatment to **begin:** _____ **Date ceases:** _____

Does the medication require refrigeration? (Circle one) Yes No

Special Instruction (if any): _____

Procedure to follow if a reaction should occur: _____

Person to contact: _____ Phone: _____

Please return this form with the medication to Greenville Area High School –Fax: 724-588-4397

Physician's Signature: _____ ***Date:*** _____

I hereby authorize the medication/treatment listed above to be administered to my child. Furthermore, I release the Greenville School District and its employees from liability claims which may be brought as a result of district employees carrying out their assigned duties in good faith. I hereby certify the information provided to the medical staff of the Greenville Area School District concerning the administration of the medication to the above student is true and correct.

Parent's Signature: _____ ***Date:*** _____