

HEALTH SERVICES

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FOR PARENTS AND GUARDIANS

The following requirements are intended to protect your child. Please help us to help you by following these regulations.

MEDICATION

Do not send medicine to school without completing a medication form. Medication forms are provided in the office for this purpose. **MEDICATION WILL NOT BE GIVEN BY SCHOOL PERSONNEL WITHOUT THIS COMPLETED FORM. THIS APPLIES TO NON-PRESCRIPTION DRUGS, AS WELL.**

ALL MEDICATION MUST BE IN A PROPERLY LABELED BOTTLE OR CASE WITH THE PRESCRIPTION LABEL MATCHING YOUR DOCTOR'S FORM.

DO NOT SEND PRESCRIBED OR NON-PRESCRIBED MEDICATION WITH A STUDENT.

HEALTH SCREENING

All students are eligible for certain types of screening: vision, hearing, height, and weight in grades K-6. If you do not want your child/children to participate in the screening process, **you must notify the principal in writing within the first week of school.**

MEDICAL HISTORY

Your school nurse needs to know all medical problems or allergies that your child may have in order to provide the proper treatment, if necessary. **Medical History Forms must be completed on each child.** These forms will be provided during registration, and also will be in the principal's office for parents who enroll their child/children after the registration period.

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INHALERS AND EPI-PENS NEED TO BE AT SCHOOL THE FIRST DAY WITH COMPLETED MEDICAL FORMS IN HAND. THESE ITEMS SHOULD BE LEFT AT SCHOOL AT ALL TIMES.

**YAZOO COUNTY SCHOOL DISTRICT
PERMISSION TO GIVE MEDICATION AT SCHOOL**

TO: Parents/Guardians

The YAZOO COUNTY SCHOOL DISTRICT requires that all students who require medication during school hours do the following:

1. Present a written consent form signed by the parent or legal guardian. This form may be picked up at your school office.
2. The medication must be brought to the school in its original prescription bottle, properly labeled by the pharmacist as prescribed by law. It must be brought to the school by the parent or legal guardian. Medications are NOT to be brought to the school by the student. Have your pharmacist provide you with a labeled extra bottle of medication if it will be left at school.
3. The doctor who prescribed the medication must fill out the "To Be Completed by Physician" section of this form.
4. The parent or legal guardian must complete and sign the bottom of this form.

Name of Student _____ Grade _____

Date of Birth _____ School _____

TO BE COMPLETED BY PHYSICIAN

Name of Medication _____ Tablet size (mg) _____

If a liquid form, (ml/tsp) _____ Specific time(s) and dose(s) to be given at school _____

Length of time student is to continue medication _____ Are there any restrictions? no yes, what & for how long? _____

Reactions _____

Print name of physician _____ Signature of physician _____ Date _____

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

I, _____, give permission for my child, (name of child) _____, to receive the above medication as directed.

Parent/Guardian Signature _____ Phone _____

Email Address _____

