

## MEDICATION POLICY

All medication, whether prescribed or over the counter, must be kept in the Deans' Office. No medication is permitted to be carried on the student or taken at any location other than the Deans' Office with the exception of prescribed inhalers (see separate sheet regarding asthma inhalers) and EpiPens for severe allergies.

Medication will only be given to students who have a **parent and physician signature** on the medication form on file in the Deans' Office. **This form must be updated annually.**

**Prescription medication must be brought to the Deans' Office in pharmacy labeled containers and require a physician and parent signature. Over the counter medication must be in its original container, have an affixed label with the student's name and a physician and parent signature at the bottom of this form.**

Tylenol/Acetaminophen and cough drops are stocked in the Deans' Office. It can only be dispensed to a student with a properly completed Emergency Notification, Medication form on file.

The parent must claim the remaining medication by the last day of the school year or it will be discarded.

### **MEDICATION CANNOT BE DISPENSED UNLESS THIS FORM IS COMPLETED**

STUDENT NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ PARENT WORK PHONE \_\_\_\_\_

DISEASE/ILLNESS \_\_\_\_\_

MEDICATION \_\_\_\_\_ DOSE \_\_\_\_\_

STRENGTH \_\_\_\_\_ FREQUENCY \_\_\_\_\_ ROUTE \_\_\_\_\_

CONDITIONS UNDER WHICH IT SHOULD BE GIVEN: \_\_\_\_\_

\_\_\_\_\_

POSSIBLE SIDE EFFECTS: \_\_\_\_\_

\_\_\_\_\_

**Prescription medication should be labeled by the Physician or Pharmacist**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(REQUIRED FOR ALL MEDICATION)*