

**Bangor Christian Schools
Medication Permission Form
2016-2017**

This form is to be filled out when it becomes necessary for a student to receive medication during school hours. Only one medication may be listed on this form.

Please adhere to the following guidelines:

1. No over-the-counter medication for colds, cramps, Tylenol, etc. will be administered without parent's permission. All over the counter medications need written permission from parents. All over-the-counter meds MUST be brought to school in its original, labeled container. We will NOT accept medication in envelopes, plastic bags, etc.
2. All medication will be kept in the nurse's office and will be taken only under the supervision of school personnel.
3. Students are not allowed to have medication in their possession at school. The ONLY exceptions to this are inhalers for asthmatics, epi pens, or AUVI-Q for severely allergic students, and diabetic supplies for diabetic students. These students must have a physician's order for these medications and must have been cleared through the school nurse.
4. No prescription medication can be given without a written request FROM A PHYSICIAN. The signature of the physician must be included on the attached form.
5. The first dose of any new medication must be given at home.
6. Whenever possible, the time of drug administration (prescribed and over the counter) should be altered to allow a student to receive all doses at home.
7. Prescription medication that is brought to school must be in its original container and labeled by a pharmacist or physician. (BCS retains the right to refuse any or all requests for administration of medication, namely improperly labeled medications and or lack of parental authorization.)
8. Prescription pain medication (e.g., Vicodin, Tylenol#3, Percocet, etc.) will not be administered by school personnel.
9. All medications will be sent home at the end of the school year. Any medication left at school will be disposed of.
10. My child administers his/her own:
___ Epi pen ___ AUVI-Q ___ Inhaler ___ Diabetic medication
11. NO over-the-counter medications will be supplied by the school
12. A new Medication Permission Form will be required if the dosage, time of administration or the healthcare provider changes, or a different medication prescribed by the health care provider.

I am giving my permission for my child to administer the above medication. IT IS A REQUIREMENT THAT YOUR CHILD VERIFIES THE MEDICATION WITH THE SCHOOL NURSE OR SCHOOL SECRETARY THE FIRST DAY OF SCHOOL

*Parent's signature: _____

To be completed by the school nurse:

I have evaluated the student's technique to ensure proper and effective use of an inhaler, epi-pen, or AUVI-Q in school _____ Date _____

SEE REVERSE SIDE FOR MEDICATION FORM

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LIST ONLY ONE MEDICATION PER FORM

Date: _____ STUDENT'S NAME: _____

Grade: _____

NAME OF MEDICATION: _____ DOSAGE: _____

FREQUENCY/TIME TO BE ADMINISTERED: _____

If PRN (only as needed) give no sooner than every ____ hour or ____ minutes

Date to start medication: _____ Date to end medication: _____

Reason for medication:

Side effects:

Other instructions:

If your child takes Benadryl for allergic reactions, please include dosage:

If the medication is a prescription the following information is required: (Including Epi Pens, AUVI-Q & inhalers)

Doctor's name: _____ Doctor's Signature:

I give my permission for my child to receive this medication at school according to school policy.

I give my permission for school personnel to supervise or administer the above mentioned medication to the student listed above.

*

Signature of Parent

Date

Note: This permission expires at the end of the school year