

## MEDICATION DURING SCHOOL HOURS

The Northeastern School District requests that medication be given before or after school hours whenever possible. If it is essential that your child receive **ANY medication(s)** during school hours, **the following information must be completed or no medication will be given.**

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### TO BE COMPLETED BY THE DOCTOR

Name of Student \_\_\_\_\_ Birthdate \_\_\_\_\_

Grade \_\_\_\_\_ Homeroom \_\_\_\_\_

Medication \_\_\_\_\_ Dosage \_\_\_\_\_

Time to be given or interval between doses \_\_\_\_\_

How is it administered? (oral, inhaler, etc.) \_\_\_\_\_

Student is to carry inhaler/epipen in school YES \_\_\_\_\_ NO \_\_\_\_\_

Because \_\_\_\_\_  
(Diagnosis or reason for medication during school hours)

Possible side effects \_\_\_\_\_

Is curtailment of any specific school activity necessary? (gym, sports, lab, etc.)  
\_\_\_\_\_

DOCTOR'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_

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### TO BE COMPLETED BY THE PARENT/GUARDIAN

I give my permission for the school personnel to administer the above prescribed medication to my child during school hours.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

Parent/guardian must bring or send the medication to school in its **original** container. Please do not bring the entire supply of medication.

**Label the container with:** (1) the student's name; (2) name of the medication, (3) amount to be given, (4) time to be given or the amount of time between doses, and (5) the dates it is to be given.

Any unused medication left at school will be discarded after a reasonable amount of time.

**ALL ABOVE INFORMATION MUST BE COMPLETED BEFORE ANY MEDICATION CAN BE ADMINISTERED AT SCHOOL.**