

**HERMON SCHOOL DEPARTMENT
MEDICATION FORM**

It is the policy of the Hermon School Department that medication NOT be sent to school unless absolutely necessary. Physicians will often accommodate your request to schedule medication time outside of school hours.

**PERMISSION FOR DESIGNATED SCHOOL PERSONNEL TO SUPERVISE
ADMINISTRATION OF MEDICATION IN SCHOOL**

Student's Name _____ Birth Date _____

Name of Medication _____

Dosage and Time _____

Side Effect/s _____

Doctor's Name _____

Doctor' Signature _____ Date _____

(Required only if medication is not accompanied by pharmacy prescription label or if medication is to be taken at school more than 15 days.)

All medication (up to a month supply - 5 day supply for controlled substances) must be brought to school by a parent/guardian in the original container with this signed form. No medication may be taken without this form, completed and signed by parent/guardian. Extra medication/empty bottles can be picked up the last day of school each week. **INITIAL DOSES OF MEDICATION MUST BE GIVEN AT HOME.**

I give my permission for DESIGNATED SCHOOL PERSONNEL to supervise administration of medication in school or for special activities outside of school, including field trips, to the above named student. Designated personnel may include school nurse or trained, unlicensed non-medical staff under the supervision of the school nurse or an adequately instructed teacher in the event of a field trip.

I understand that new medication forms must be submitted with each change in present medication or new medication(s) and that information regarding my child's mediation will be shared with appropriate school personnel. I also understand I must notify the school of any changes in or discontinuation of the prescribed medication and that the school will notify me if problems occur with the administration of the above mentioned medication. Prescriptions are valid for current school year, therefore, I understand and agree that medications left at the school one week following the June school closing will be discarded if not claimed.

Parent/Guardian _____ Date _____

FOR OFFICE USE ONLY

Processed by _____ Date _____

School Nurse Signature _____ Date _____