## WATTSBURG AREA SCHOOL DISTRICT MEDICATION POLICY

A district wide policy has been established by the Wattsburg Area School Board of Education concerning dispensing of medication at school.

The policy states that each medication prescribed by your doctor for your child must be accompanied by this medication form (see other side) in order that the medication can be given at school.

If the medication is non-prescriptive, or is a drug that has been bought over the counter for your child's use, a note signed by the parent must accompany the drug.

## The note must state:

- 1. The student's name
- 2. The name of the drug
- 3. The dosage or the amount of the drug to be given
- 4. The time the drug is to be given
- 5. The purpose of the drug.

The parent will also assume the responsibility to see that the medication is Delivered to school and given to the school nurse.

The policy has been established to assure accuracy and safety when medication is being dispensed.

## IMPORTANT INFORMATION ON REVERSE SIDE PLEASE TURN OVER

## **Authorization for Medication (s) To Be Taken During School Hours**

The following	g section is to be comp	pleted by the	PARENT:	
School Name				
Student's Nar	ne			
Physician's Name		Address	Telephone	
-	person or permitted to	_	* *	ribed below at school by also authorized by my
Date	Parent/Guardian S	Signature	Home phone	Emergency
The following	g is to be completed by	y the <b>PHYSI</b>	CIAN:	
Diagnosis for	which medication is §	given:		
Name of Med	lication:			
Form:				
If medicine to	be given DAILY, at	what time?		
If medicine to	be given "when need	led", describe	e indications	
How soon car	it be repeated?			
Is child autho	rized to self-medicate	her/himself?		
Has child bee	n taught proper techni	que for self-r	nedication?	
List significar	nt side effects:			
Length of tim	e this treatment is reco	ommended:_		
Other Informa	ation:			
Date	Physician	Signature		