

Milne/Kelvin Grove School District 91  
MEDICATION AUTHORIZATION

Please Note: Only one medication per form.

(All information in this section must be completed)

STUDENT NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

ALLERGIES (Please List) \_\_\_\_\_ Current weight of Student \_\_\_\_\_

Purpose of Medication \_\_\_\_\_

**OVER THE COUNTER MEDICATION**

*(Includes, Cough Drops, Tylenol, Motrin, Oragel, Lotions, Mucinex, etc.)*

*Physicians signature is not required for Over The Counter Medications*

(All information in this section must be completed)

Name of Medication \_\_\_\_\_ Strength of Medication \_\_\_\_\_

Time to be administered \_\_\_\_\_ Dose to be administered \_\_\_\_\_

Special Instructions \_\_\_\_\_

**PRESCRIPTION MEDICATION**

*(Includes all medication ordered by a Physician)*

**Requires a Physician Signature**

(All information in this section must be completed)

Name of Medication \_\_\_\_\_ Strength of Medication \_\_\_\_\_

Dose \_\_\_\_\_ Route \_\_\_\_\_ Frequency \_\_\_\_\_

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

Special Instructions \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Authorization**

*(All blanks must be completed)*

I hereby grant my permission for non-medical support staff of Milne-Kelvin Grove School District to give (student name) \_\_\_\_\_ the above named medication as prescribed. I agree to provide medication in the original bottle which is properly labeled by the pharmacy/store. The medication will be kept in the school office. The student will report to the school office to receive the medication. I am aware that students are not allowed, under any circumstances to have medications in their possession on school property.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

# **MILNE-KELVIN GROVE SCHOOL DISTRICT #91 RECOMMENDED GUIDELINES FOR MEDICATION ADMINISTRATION IN SCHOOL**

The purpose of administering medications in school is to help each child maintain an optimal state of health that may enhance his/her educational plan. The medications shall be those required during school hours that are necessary to provide the student access to the educational program.

The intent of these guidelines is to reduce the number of medications given in school, yet assure safe administration of medications for those children who require them.

## **GUIDELINES**

All prescription medications given in school must be prescribed by a doctor. A written order from the prescribing doctor must be provided and name of the medicine, dosage and time intervals that the medicine is to be taken should also be included.

Any over-the-counter medication needs the parent authorization completed and on file at school. (see other side for authorization)

Medication must be brought to school in the original package or appropriately labeled container. Over-the-counter medication shall be brought in with the manufacturer's original label and the child's name affixed to the container.

Written parent/guardian consent is to be placed on file requesting that the medication be given during school hours.

Any questions regarding these guidelines can be made by contacting Milne Grove School at 838-0542 or Kelvin Grove School at 838-0737.