

REQUEST TO PROVIDE MEDICATION DURING SCHOOL HOURS
MERIDIAN PUBLIC SCHOOLS
2024-2025

IMPORTANT INFORMATION FOR PARENTS/GUARDIANS:

Your written consent is required PRIOR to school personnel providing or administering medication to a child in school.

By signing below, you acknowledge the following:

- If needed, the prescribing physician may be contacted by the school nurse for clarification on medication administration.
- Your child's medication may be given by unlicensed school personnel or school nurse deemed competent through training or supervision by the Registered School Nurse to provide medication.
- The school nurse/health office should be notified promptly if there are any changes in your child's medication orders.
- A physician's (or other licensed prescriber's) authorization is required for medication to be provided at the school for all prescription and over-the-counter medication products. The prescriber's authorization may be on the pharmacy label attached to the bottle or, in the case of over-the-counter products, by separate prescription provided to the school nurse/health office.
- All medication products must be sent to the school in the original container with the label intact. Medications in bags or any other form of "home packaging" will not be accepted, due to safety considerations.
- Parents/Guardians are required to bring all medications directly to the school and deliver them to school personnel (school nurse, staff who have been trained, or administration are preferred.) **DO NOT SEND MEDICATION TO SCHOOL WITH YOUR CHILD UNLESS ARRANGEMENTS HAVE BEEN MADE!**

**WRITTEN PARENTAL CONSENT: MUST BE COMPLETED PRIOR TO
MEDICATIONS BEING GIVEN AT SCHOOL**

I give permission to Meridian Public Schools to provide _____
Name of medication and dosage

to _____ at _____ as directed for
Child's Name Approximate time(s)

Reason for medication

△ This student has permission to "self-carry" this medication. Any use of medication MUST be told to the Health Office/Administration/Trained Staff Member

Signature of parent/guardian

Date

CONTACT INFORMATION FOR PARENT/GUARDIAN:

Name(s)

Phone Numbers