

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 an 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 changes in your child's medication orders.
- ✓ A **physician's (or other licensed prescriber's) authorization** is required for medication to be provided at school for all prescription and/or over-the-counter medication products or from parent with explicit directions on administering 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 health office.
- ✓ **All medication products** must be sent to the school in the original container with label intact. Medications in bags or any other form of "home packaging" will not be accepted, due to safety considerations.
- ✓ **Parents/guardians** are encouraged 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 the Meridian Schools to provide _____
(Name of medication and dose)
to _____ at _____ as directed for
(Child's Name) (Approximate Time)

(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. This form must be with student/medication at all times with administration signature.

(Signature of parent/legal guardian)

(Date)

CONTACT INFORMATION FOR PARENT/LEGAL GUARDIAN:

(Name)

(Phone Numbers)