

Trinity Academy

Permission and directions for staff administration of medicine to lower school students

Child's Name _____

Child's Grade _____

Parent's Name(s) _____

Parent's Contact Number(s) _____

PRESCRIPTION MEDICATION:

Should your child be prescribed to take medication and/or should you desire for them to take over-the-counter (OTC) medicines during the school day for a medical issue, we ask that you complete the medication authorization form and provide the medication directly to the classroom teacher. We are unable to store and/or distribute any medications to students that are not specifically provided for students by their parents, who must complete this authorization form giving written permission for the administration of specific medications within a specific time frame designated on the form. Please place your child's medication (in its original bottle) with a completed copy of the authorization form in a Ziploc style bag and bring it directly to the classroom teacher. **Students may not bring medication to school.** The parent must deliver the medication to the school with the authorization form in order for school personnel to administer the medication. Unless a prescription is written for a medication to be administered on a continual basis, we are unable to administer any medication for longer than 2 consecutive weeks (or 10 consecutive school days). Please only send the amount of medication needed for consumption during the prescribed (by parent or doctor) administration period designated on the form.

| Name of Medication | Reason for Need | Prescribed or OTC? | Dose/Frequency/Time | Start Date | End Date (no more than <u>2 weeks</u> unless prescribed by doctor for ongoing need) |
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Special Instructions:

Parent's Signature/Date

Parent's Printed Name