STUDENT MEDICATION FORM

Dear Parents:

To comply with school policy, all medication is to be administered by school personnel and MUST be pre-approved in writing by the parent/guardian or doctor. A completed and signed CSCS "*Request for Administration of Medication Form*" needs to be on file at the school before any medication can be administered.

Students may not keep medication with them unless they have been designated as Self-Managers (certified and or authorized to self-medicate) and cleared by the director to do so. All medicine (including inhalers for asthma) must be secured in the classroom or school office before requesting that medicine be administered at school.

THE MEDICATION MUST BE BROUGHT TO SCHOOL AS FOLLOWS:

- ***(DO NOT* SEND LOOSE MEDICATION IN BAGGIES OR TUPPERWARE).**
- **OVER THE COUNTER MEDICATIONS MUST BE IN THE ORIGINAL PURCHASED CONTAINER/BOX.**
- **PRESCRIPTION MEDICATIONS MUST BE IN THE CONTAINER LABELED BY THE PHARMACIST.**
- **PRESCRIPTION LABELS SHOULD INCLUDE STUDENT NAME, NAME OF DRUG, THE DOSAGE AND TIMES, AND THE REASON FOR ITS USE.**

Please follow these steps:

1. **Doctor's signature** is necessary for the following treatment: epi-pens, bee sting kits, and inhalers.
2. **Parent/Guardian signature** is required for ALL over the counter medications (Tylenol, cough medicine, etc.) including naturopathic medications.

All medication **MUST** be given under adult supervision. This is for the safety of your child and others. If you have any questions, please contact the school office at 503-244-1697.

I HAVE READ AND UNDERSTAND THESE INSTRUCTIONS: _____

Parent/ Guardian Sign Here

FILL OUT THE REQUEST FORM ON THE BACK OF THIS PAGE AND RETURN IT WITH STUDENT'S MEDICATION TO THE CSCS OFFICE.

Request for Administration of Medication by CSCS School Personnel

THE COTTONWOOD SCHOOL
—OF CIVICS AND SCIENCE—

I hereby request and give my permission to the school staff to administer the medication listed above to my child. My signature releases the CSCS Board, its employees and representatives of all liabilities.

PLEASE PRINT

My child _____
(Name of Student)

should receive _____
(Name of Drug, Dosage)

at the following times _____
(List Detailed times)

Specific instructions for administration or storage of medication:

_____

Possible reactions to watch for and report to parent:

_____

Parent agrees to notify the person responsible for administering medication of the following:
1. Delivery of medication or new medications to the school.
2. Any change in medication or procedures.

Parent/Guardian Consent:

_____ _____
Signature Printed Name

_____
Date

Person(s) administering medication:

_____ _____
Signature Printed Name

_____
Date