



EAGLE RIDGE
ACADEMY

ADMINISTRATION OF PRESCRIPTION MEDICATION IN THE SCHOOL

Dear Parent or Guardian,

This is to inform you of the school's procedure regarding the administration of prescription medication to students in school.

***UPDATED EAGLE RIDGE ACADEMY PROCEDURES AS OF 2012:**

Prescription Medication needs:

- Doctor's orders
- Medical Action Plan if applicable
- Prescription bottle with medications (if pills need splitting pharmacist, parent/guardian need to split)
- Parent/Guardian hand delivers medication to health office and sign intake sheet
- Medications counted with a parent/guardian present

1. Medication must be brought to school in its original prescription bottle or container bearing the name of the child, the name of the medication, the times it is to be taken and the name of the physician.

It is suggested that, whenever possible, medications be given at home.

STUDENT INFORMATION

Student's Name _____ DOB _____
 Grade _____ Telephone Number _____

PARENT/GUARDIAN REQUEST AND AUTHORIZATION FOR ADMINISTRATION OF PRESCRIPTION MEDICATION:

I hereby request and authorize that designated school personnel administer medication to my child,
 _____ (child's name), in the dosage prescribed by the physician, and thereby
 release school personnel from liability should reaction to the medication occur. If necessary, the school may request
 additional information from the physician regarding this illness.

Medication: _____

Physician Name _____ Phone _____

Is your child taking any other medication presently? _____ Yes _____ No

If yes, please specify: _____

Parent Guardian Signature _____ Date _____ Phone Number _____