

**SCHOOL DISTRICT OF CLEAR LAKE**  
**Board of Education Medication Policy**

Parent/Guardian Responsibilities:

1. Notify the school of the child's need.
2. A completed "Medication Consent Form" permitting the school to administer the medication, either prescription or over the counter, with instructions for administering the medication must be sent to the school office. *The school **cannot** administer any medications whether oral or topical without this completed form.*
3. Prescription medications must be accompanied by the "Physician's Order of Medication Administration" prior to administration.
4. All medications whether prescription medications or "over the counter" must be in the original container. Prescription medication must have the pharmacy's label with the child's name, prescription name, dosage, and physician's name typed on it. Over the counter medications must include content and dosage information. Please label "over the counter" medications with your child's name when sent to school.
5. Each time there is a change in a child's prescription medication, dosage or time to be given, a new "Physician's Order of Medication Administration" must be completed and returned to the school office.
6. Please also notify the school when the drug is to be discontinued.

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**Parent Permission and Medication Consent Form**

Full Legal Name of Child \_\_\_\_\_

Name of drug and dosage \_\_\_\_\_

Special instruction to administer \_\_\_\_\_

Time it is to be given \_\_\_\_\_

Name of physician ordering drug \_\_\_\_\_ phone# \_\_\_\_\_

Reason for Medication \_\_\_\_\_

Name of person who will be giving the medication during school hours \_\_\_\_\_

I hereby give permission to the above-designated person to give the medication to my child according to the directions stated above and to contact the child's physician if necessary.

I further agree to hold the above-designated person harmless in any and all claims arising from the administration of this medication at school.

I agree to notify the school in writing at the termination of this request or when any change in the above orders is necessary.

Parent Name: \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_