



Summer  
School 2017

### Summer School Medication Procedures

Student's Name: \_\_\_\_\_

Special health care procedures and medications may be administered at school by school personnel when such treatment is necessary for school attendance and cannot otherwise be accomplished. This completed form along with the medication and/or special equipment items are to be brought to the clinic by the parent or guardian.

**All medication must be in its original container.**

**Scheduled Medication:** List the medication name (as it is on the container), the unit dose (for example: 10mg tablet), the amount the student is to receive (for example: ½ tablet), and the time that the student receives the medication (you may put before/after lunch or lunchtime). Also, please be sure to indicate if there are any special instructions for the medication.

Medication	Unit dose	Amount	Time	Special Instructions

**EMERGENCY MEDICATIONS:** List medications/dosage/conditions under which the medication is to be given and any special instructions for administration (for example, using a spacer with an inhaler)

Medication	Unit dose	Amount	Condition	Special Instructions

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## Summer School Medication Procedures *(Continued)*

Student's Name: \_\_\_\_\_

**Nonprescription Medications:** Below is a list of nonprescription medications that may be administered on an "as needed" basis according to **label instructions** (age/weight). Please, **place your initial in front of** medication that may be administered to your child should the need arise.

\_\_\_\_ Acetaminophen (Tylenol)

\_\_\_\_ Ibuprofen (Advil, Motrin)

\_\_\_\_ Loratadine (Claritin)

\_\_\_\_ Diphenhydramine (Benadryl)

\_\_\_\_ Tums

\_\_\_\_ Bismuth (Pepto Bismol)

\_\_\_\_ Cough Drop/Throat drop

\_\_\_\_ Guaifenesin (Robitussin)

Please list any other medications (prescription and/or nonprescription) that your child may take on an "as needed (prn)" basis:

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_

\_\_\_\_\_

**Medication:** \_\_\_\_\_ **Dosage:** \_\_\_\_\_

**Instructions:** \_\_\_\_\_

\_\_\_\_\_

Prescribed and/or authorized medication/treatment may be administered by the school nurse or by a non-health care professional designated by the Head of School.

**Your signature below indicates acceptance of this policy. No medication will be administered without parental signature**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name