



2024 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

Please continue, sign, and date on the back. ➔

2022 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

____ Cetirizine (Zyrtec)

____ Cough Drop/Throat Lozenge

____ Guaifenesin (Robitussin Cough Syrup)

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 approval. Please approve by signing below.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name