



Mission Statement

"ISB is a collaborative learning community that inspires, equips and empowers its students to succeed and contribute positively to society."



Medication Administration at School / Authorization for Self Administration of Medication at School* - permission form

(before submitting this form, please see our Medication Administration Procedure)

https://drive.google.com/file/d/0B7nKbn8dl0rvTU92NWF2a1oyLVU/view

Date: _____
Student Name: _____
Grade: _____
Homeroom Teacher: _____
Diagnosis (reason for medication at school): _____
Type of Medication: _____
Time of Administration: _____
Type of medicine (tablets, syrup...): _____
Beginning date: _____
End date: _____
Dosage: _____ (1 teaspoon, 1/2 teaspoon ...)

NOTE: To insure your child's safety, all medications are to be delivered to school: ***

- In original pharmacy-labeled container. Make sure to provide separate bottles for school and home or have duplicate bottles during period of medication administration.
• By the parent/guardian or designated adult, never with a Lower School child. For Upper School students, please see detailed information on our health web page. https://drive.google.com/file/d/0B7nKbn8dl0rvTU92NWF2a1oyLVU/view

***No medications will be administered that arrive in baggies or envelopes.

* I give consent to the school health office staff or to teacher/principal/counselor (in case of health officer absence) to administer medication to my child named above during school hours (or field trips). All the information stated above is, to the best of my knowledge, accurate at the time of writing and by the advice/prescription of my child's doctor. I include the doctor's note with this document. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian Signature

(My signature authorizes an exchange of information as necessary between the school and my child's health provider for the purpose of information relating to this medication.)

COMMENTS: _____

*Medication Administration Procedure in School Medications (both prescription and over-the-counter drugs) should not be administered/taken during school hours if it is possible to achieve the medical regimen at home. A NON-health school employee (principal, teachers and/or counsellor) can voluntarily accept responsibility for administering necessary medication during field trips or in the school if the school health officer is not available (NON-health school employees are not obligated to assume such responsibility). If staff is unable or unwilling to do so, parents must assume this responsibility. The school health officer will provide instruction on administering the medication and document such administration. When a student requires medication at school, the school health officer must be informed. School employees should not give any medication to a student when requested by the student. In case that child does not feel well during school hours, the health officer or his/her designee will perform an examination and contact the parent/guardian for the approval of possible medication administration according to existing symptoms and findings.

Students must not take/share medication in the school. Any medication found on an elementary school student which was not reported to the school health office will be taken away from the student and the parent/guardian will be contacted. (Secondary and older students who are developmentally and/or behaviorally able to self medicate only according to doctor's written prescription and parental consent, if the medicine must be taken during school hours, will be allowed to self - medicate during school hours (prescription and non-prescription medicine long or short term). Medication Administration at School / Authorization for Self Administration of Medication at School* - permission form, signed by the health care provider (prescription and/or over-the-counter medications) and/or parent/guardian must be on file in the school's office.