

Medication Requirement Check List For Focus Week

STUDENT NAME _____ DATE OF BIRTH _____

SCHOOL _____ GRADE _____

All medication must be brought to the school by a parent/guardian only. Students are not allowed to bring medication to school.

Before turning in any medications complete and sign the check list below.

Authorization to Administer Medication Form

Signed and dated by a licensed health care provider **and** parent.

This form is required for ALL medications: prescription, over-the-counter and self-carry.

Each medication requires a separate form. All forms must be completed and at ICS school office no later than May 2nd, 2017.

Prescription Medications: Medication must be in the properly labeled pharmacy container. The pharmacy label *must match* the doctor's order **exactly**.

(Student name, Name of medication, Medication dosage, Time Medication is to be given)

Over the Counter Medications: All over-the-counter medications (Tylenol, Advil, Benadryl, etc.) must have the student's name written on the container in bold marker. Orders from a licensed healthcare provider **MUST** match the medication exactly. Example: liquid vs. tablet, correct mg per tablet. Benadryl should be in single dose packets, not large elixir bottles.

Medication Expiration Date: _____

Please bring this form, the Medication Authorization form, and the student's medication to the school in a 1 gallon clear zip lock bag. Write the student's last name, first name on the top left corner of the bag in permanent marker. (Bags will be provided if needed.)

I verify that the above requirements have been met.

Parent Signature _____ Date _____

*Any medication which needs to be given in 1/2 tab doses must be broken by the parent before they are delivered to the school. School personnel are not allowed to break tablets.