

Salt Lake City School District
S – 9 Form (See Policy and Administrative Procedures)

Title: Student Health Services and Requirements
Student Medication Form

Index: S = Student Policies

Parent/Guardian

Student Name: _____ Date of Birth: _____

School _____

Address/City/State/Zip: _____ Phone: _____

Check one:

- I hereby authorize school staff to administer the medication described below to my child. I understand that a trained teacher or other school personnel will administer only the medication(s) described below. If the prescription is changed, a new parent consent form and a new health practitioner order must be completed before the school staff can administer the new medication.

Prescription medication must be transported to and from school by an adult, in the current original pharmacy container and label, with the child's name, medication name, administration time, dosage, and health care provider's name. If it is an over the counter medication, the medication must be in the original store container. The school nurse may contact the student's health care provider if clarification is needed to administer this medication.

- I authorize my child to carry, be in possession of, and self-administer this medication.

My child and I understand there are serious consequences, which may include suspension or expulsion for sharing any medications and/or supplies with others (Policy S-3, Student Discipline and S-3, Administrative Procedures).

I agree to meet the parental responsibilities listed above. I understand that school personnel may release personal or medical information about my child in a health-related situation if necessary.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ (other than parent/guardian): _____ Phone: _____

Health Care Provider

NAME OF MEDICATION	INDICATION	DOSAGE	ROUTE	TIME
1.				
2.				
3.				

The above named student is under my care:

- In my opinion, this medication is necessary during the school day. Trained school personnel should and will be allowed to administer this medication. Please list any specific training required:

- In my opinion, this medication is necessary during the school day. I feel it is medically appropriate for the student to be in possession of, and self-administer this medication.

Duration medication is to be administered /or student is allowed to carry the medication:

The common side effects can include:

Allergies:

Signature _____ Phone Number _____ Date _____

This order can only be signed by an MD; Dentist; Nurse Practitioner (NP, FNP, PNP, APRN/PP)
 Certified Physician's Assistant or a provider with Prescriptive Practice.

Salt Lake City School District Medication Record/Log

STUDENT:	PARENT:	YEAR:	TEACHER:
MEDICATION	DOSE	ROUTE	TIME
DATE BEGAN	DATE ENDED		
1			
2			
3			

Signature: _____ Initials: _____ Signature: _____ Initials: _____
 Signature: _____ Initials: _____

SPECIAL INSTRUCTIONS/NOTES																			

(Codes: X = No School, OT = Off Track, A = Absent, NP = No Pills Available, R= Refused, PC = Parents called/notified)

JULY					AUGUST					SEPTEMBER					OCTOBER				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F

Notes:

NOVEMBER					DECEMBER					JANUARY					FEBRUARY				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F

Notes:

MARCH					APRIL					MAY					JUNE				
M	T	W	T	F	M	T	W	T	F	M	T	W	T	F	M	T	W	T	F

Notes:

Reviewed on 2/1/2010

The Salt Lake City School District does not discriminate on the basis of age, color, disability, national origin, pregnancy, race, religion, or sex in its programs and activities. The following person has been designated to handle inquires regarding the non-discrimination policy: Kathleen Christy, Assistant Superintendent, 440 East 100 South, Salt Lake City, Utah 84111, (801)578-8251. You may also contact the Office for Civil Rights, Denver, CO, (303)844-5695

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