GILFORD SCHOOL DISTRICT
MEDICATION RELEASE

In accordance with state and local school board ruling, when it is found necessary to place a child on medication during the school day, the local school nurse must have the following information.

Name of Student _____

Date _____ Teacher/YOG _____

Physician's Name _____ Tel # _____

Medication to be administered _____

Dose _____ Time _____

Diagnosis _____ Rx # _____

We, the parent, authorize the school to assist our child in taking oral medication. We agree that we will not hold liable any member of the school staff or an individual of official capacity who is directed by us (the parents) and the School Administrator to assist our child in taking said oral medication.

The medication will be delivered to the School Nurse, Principal, and/or his designee by a parent /guardian. The medication will be delivered in an original container properly labeled with the student's name, physician's name, and date of original prescription, name, dosage of medication and directions for taking.

In the event your child needs medication on a field trip the appropriate dose(s) will need to be delivered to school for the trip and you are allowing school personnel to assist your child with said medication.

I understand that communication between the physician and the school health office is necessary for the purposes of sharing information regarding dosage, administration and effectiveness of the prescribed medication and give consent for such communication to occur as needed.

The prescribing provider will be contacted for an appropriate Emergency Action Plan

Parent/Guardian Signature _____

NOTE: This section is to be completed by the licensed health care provider only.

Medication _____ Dosage _____

Time(s) to be given _____

Duration of administration _____ Start Date_____ End Date _____

Signature of licensed health care provider_____ Date _____

Inhalers

Student has parental permission to carry and self-administer inhaler _____ (Parent Initials)
Student has physician approval to carry and self-administer inhaler _____ (Physician initials)

Epi-Pens

Student has parent approval to carry and self-administer Epi-pen _____ (Parent Initials)
Student has physician approval to carry and self-administer Epi-pen _____ (Physician initials)

Epi Pen order will be considered open ended unless otherwise notified

If appropriate, parent has trained classroom teacher/& or others to administer Epi-pen ___ (Parent Initials)

(Please specify who has been trained) _____

Any child who receives an Epi pen for allergic reaction will be transported to the hospital by ambulance

Insulin

Student has parental permission to carry and self-administer insulin/glucagon _____ (Parent Initials)

Student has physician approval to carry and self-administer insulin/glucagon _____ (Physician initials

Any child who receives Glucagon for insulin reaction will be transported to the hospital by ambulance

Other meds taken

Name	Dose	Reason

(Adopted 2/4/2019)