

Complete Only If Student Takes Prescription Medication At School

**Nashua-Plainfield Community School
Administration of Medication to Students**

School personnel will dispense no medication, unless written permission has been granted by the student's parent/guardian. A parent or guardian's signature is required on a "Request for Dispensing Medication at School" form prior to any prescription medication being administered. These forms are available in student registration packets and in the school office. When medication is brought to school, it should be given to one of the secretaries in the main office or school nurse immediately upon the student's arrival.

If at all possible, medication should be transported to school by a parent or if by a student, in a container not freely accessible. The school accepts no responsibility for transporting medications back and forth to school. Parents are asked to divide up medications and provide only the amount of medication that that will be given to a student at school. This will eliminate the need to send medications back and forth. Parents are asked to please check with your physician and try to schedule three times a day medications outside of the school day.

Medication will not be administered unless the following label requirements are met:

Prescription Medications must be in the original pharmacy prescription container with the original label containing student's name, name of medication, directions for use (dosage and frequency), name of physician, name of pharmacy and date of prescription.

Over the Counter Medications must be in the original container with the original label containing name of medication and directions for use (dosage and frequency).

Nashua-Plainfield Request for Dispensing Medication at School

Student's Name: _____ Grade: _____

Medication: _____ Time to be given: _____

Reason for taking medication/Diagnosis: _____

Date(s) to be given: From _____ To _____

Parent/Guardian Signature

Date

REMEMBER: Medications must be in original containers with student's name, name of medication, dosage and frequency, name of pharmacy and date of prescription.