

**PARIS INDEPENDENT SCHOOLS**

**PARENT AUTHORIZATION TO GIVE PRESCRIBED OR OVER THE COUNTER (OTC) MEDICATION**

All medications (prescribed or over the counter) dispensed in school **MUST** be sent to school in the **original labeled container**

Name of Student: \_\_\_\_\_ School Year: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex:  MALE  FEMALE Grade/Homeroom: \_\_\_\_\_

Name of School:  Paris Preschool  Paris Elementary  Paris Middle School  Paris High School

**Drug Allergies** \_\_\_\_\_  No Known Drug Allergies(NKDA)

Name of medication: \_\_\_\_\_

- |   |   |
|---|---|
| <input type="checkbox"/> Acetaminophen (Tylenol)    | <input type="checkbox"/> Neosporin/triple antibiotic ointment |
| <input type="checkbox"/> Ibuprophen (Advil, Motrin) | <input type="checkbox"/> Caladryl lotion                      |
| <input type="checkbox"/> Tums                       | <input type="checkbox"/> Cough drops                          |

Special storage requirements:  None  Refrigerate Other: \_\_\_\_\_

Dosage/amount to be given: \_\_\_\_\_ Time of administration at school: \_\_\_\_\_

Route of administration:  Tablet/capsule  Liquid  Inhaler Other \_\_\_\_\_

Reason for medication/why it is needed during school hours: \_\_\_\_\_

**Possible reactions/ side effects:** \_\_\_\_\_

Expiration date on Medication container: \_\_\_\_\_ Termination date for administration: \_\_\_\_\_

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Policies and state guidelines require a consent form to be COMPLETELY filled out for ANY medication to be given at school. Only one medication can be authorized per consent form. If your child is on more than one medication, please request more forms from your school secretary. Medications should only be sent to school if they cannot be taken at the correct times while at home.

All prescription medications must be in the **correct pharmacy container with a current label**. The label must include: Student name, the prescribing doctor, name of medication, correct dosage and frequency, date prescription was dispensed, route of medication and expiration date.

If the doctor changes the dosage or schedule of the medication you will need to obtain a current written order from or doctor stating the change until you get a new prescription bottle. It is also required to fill out a new medication consent form that matches the changes on the new order/bottle.

All non-prescription/over the counter (OTC) medication may be given on an individual basis as provided by the parent/guardian. All medication must be in their **ORIGINAL CONTAINER** with complete instructions. Non-prescription medication cannot be given my school staff **more than 3 consecutive days without a doctor's written authorization**.

School staff dispensing medication have the right to refuse giving any medication that is not in compliance with the policies, standards and guidelines.

I give permission for him/her to receive the above stated medication at school according to standard school policy. I release Paris School Board and its employees from any claims or liability connected with its reliance of this permission.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Emergency# \_\_\_\_\_