Medication Policy & Student Medical Release form

If a student will be taking medication including non-prescription, over-the-counter or homeopathic remedies during school hours or on a Class Field Trip, the student must have a signed release form on file. The Health Room, teacher, office staff, or appointed field trip volunteer can only administer when accompanied by this form.

For meds to be given during school day: Complete form and bring medications to School Office.

Parents are responsible to bring any medication needed for a Field Trip in a zip lock bag with this completed form, to the Field Trip departure site.

Authorization to administer Prescription, Non-Prescription, homeopathic and over-the-counter:

Medications: **prescription/non-prescription, homeopathic remedies, over-the-counter; must be in original container labeled with student's name** and can only be administered to student by parent/guardian consent below. ***Please circle whether meds are to be given DAILY or AS NEEDED.***

Start Date _____ thru _____

Student name _____ DOB _____

Med #1: Purpose of medication _____

Medication name _____ short term___ long term___

Route of administration (e.g., by mouth, in eyes, etc) _____

Give Daily at (time) _____ Dose _____

As Needed - state conditions under which medication is to be given _____

_____

Med #2: Purpose of medication _____

Medication name _____ short term___ long term___

Route of administration (e.g., by mouth, in eyes, etc) _____

Give Daily at (time) _____ Dose _____

As Needed - state conditions under which medication is to be given _____

_____

Med #3: Purpose of medication _____

Medication name _____ short term___ long term___

Route of administration (e.g., by mouth, in eyes, etc) _____

Give Daily at (time) _____ Dose _____

As Needed - state conditions under which medication is to be given _____

_____

Call parent/guardian if: (list possible side effects, evidence of reaction to medication)

_____

Parent/Guardian contact number _____

I authorize the Prairie Hill Waldorf School staff to administer medication to my child as noted in the instructions above:

Parent/Guardian Signature _____ ***Date*** _____

WRITE ON BACKSIDE if more space is needed for instructions. *(revised 7/2023)*