

CARBON COUNTY SCHOOL DISTRICT ONE

POLICY – JLCD-E1

ADMINISTERING PRESCRIPTIVE MEDICINE TO STUDENTS

In accordance with Carbon County School District One Policy JLCD, the following must be completed and signed prior to administering prescriptive medication. The parents of the child are responsible for completion of parts 1 and 2. Any person administering medicine must sign part three prior to administering medication. Sign only one time.

1. To be completed by the physician prescribing medication:

- a. Patient's name _____ Date of Birth _____
 - b. Prescribed medicine _____
 - c. Frequency of administration _____
 - d. Amount of each administration _____
 - e. Method of administration _____
 - f. Anticipated reaction of child to medication _____
- _____

Signature of Physician Date

2. To be completed by the parent or guardian of the child:

- a. I request the above medication be administered to my child in accordance with prescription and authorize school personnel to administer same, in accordance with Carbon County School District One Policy JLCD and JLCD-R.

Signature of Parent Date

3. The following people are authorized to administer medicine to the above-named child. In signing this form, they acknowledge that they have read parts 1 and 2 and understand, and that they understand Policy JLCD and JLCD-R.

Name Date

Name Date

Name Date