

STUDENT MEDICATION FORM

Bethel Hill Charter School's medication policy states:

Prescription Medications

Any child that will need to take a prescription medication during school hours must have a written note from the doctor stating detail instruction on dispensing the medication at school. Along with the doctor's note, the parent must sign a note that gives permission to the school to dispense the medication. Also, the medication must be in the original container.

Any child that will need to take over the counter medications during the school year must have a written note from the parents with detailed instruction on dispensing. Along with a note, the medication must be in the original container. Medications that are in a zip lock bag, or wrapped in plastic wrap, etc. will not be dispensed.

Over the Counter Medications

Also, the school can only dispense the medication if the child meets age, weight, and dosage requirements that are listed on the medication bottle. Student's Name: Medication: Dosage: Time(s) to be given at school: _____ a.m. ____ p.m. To be given from (date) ______ to ____ Contraindications for Administration Physician Name Practice Name Physician's Signature Date **Parent Permission** I hereby give my permission for my child (named above) to receive medication during school hours. I hereby release BHCS and the agents and employees from all liability that may result from my child taking the prescribed medication. Parent's Signature

Date