

Germantown Hills School District #69
Distribution of Medication
Jr. High (6th – 8th Grade)

In order for a student to take prescription or over-the-counter (non-prescription) medication during the school day, a permission form must be completed and signed by the parent/guardian. After the parent completes the permission form, the form and the medication(s) will be kept in the main office and will be distributed to the student for either self-administration or administration by a district employee. **A new form must be completed at the beginning of each school year.**

Please complete and sign the form below and return to the Jr. High office.

Student's Name _____

My child may be administered Acetaminophen (Tylenol) by a district employee as per directions from manufacturer.

_____ YES _____ NO

My child may be administered Ibuprofen by a district employee as per directions from manufacturer.

_____ YES _____ NO

All prescription and over-the-counter medications brought to school must be in the original containers. The pharmacist or physician must label prescription medication. The labels must provide the following information:

- a) Name of student
- b) Name of medication and dosage
- c) Frequency of administration
- d) Times to be given
- e) Physician's name
- f) Date of prescription

Please complete the following for medications brought to the school:

Name of Medication: _____

Dosage: _____

Times to be given: _____

Frequency of administration: _____

I authorize the above medication to be:

_____ distributed to my child for self administration, or
_____ administered by a District employee.

Parent/Guardian Signature

Date

