

**Hope Township School
Administration of Medication
Permission Form (Part I)**

- A. I hereby request approval for the school nurse (or designate) to maintain and administer medication to my son/daughter as indicated on the attached physician's statement.

Parent signature

Date

- B. I further request that my son/daughter be granted approval to self administer medication as indicated on the attached statement.

Parent signature

Date

***Notice to Parents- Custodianship of medication will require the medication to either be delivered to the school nurse by a parent or guardian or in the possession of the pupil in the case of an approved self administration process. All such medication, in either case, must be in the original container with the prescription affixed, and all appropriate forms and permission for its use and administration on file in the school. Medication will be kept under lock and key and/or not available to other students. After a reasonable time, unclaimed medication will be disposed of by the school nurse in accordance with proper medical controls.**

When a pupil attends a school sponsored event at which medication may be required (such as an outdoor field trip or athletic competition) and the school nurse cannot be in attendance, the pupil's parent or guardian will be invited to attend. If neither the school nurse nor the parent or guardian can attend, (and the pupil does not have permission to self- administer medication) and, the risk that the pupil may suffer significant injury from the lack of medication is substantial, the pupil may be excused from the event.

Principal's Approval

Date

