Dear Parents:

In accordance with our new medication policy, the following is required for school personnel to administer prescription and over-the-counter medication to students.

- 1. All medication will be brought to the office when the child arrives at school.
- 2. Only persons appointed by the principal will be allowed to administer medication.
- 3. ALL MEDICATION MUST BE IN THE ORIGINAL CONTAINER WITH THE ORIGINAL LABEL ATTACHED. NO MEDICATION CAN BE SUPPLIED BY THE SCHOOL PERSONNEL.
- Prescription medication MUST BE IN THE PRESCRIPTION BOTTLE WITH THE PRESCRIPTION LABEL ATTACHED. MEDICATION MUST BE GIVEN AS THE LABEL STATES.
- 5. We must have an accompanying note from the parent/guardian stating:
 - a. name of child
 - b. name of medication
 - c. dosage to be given
 - d. time and date to be given
 - e. signature of parent/guardian

All medications are included: pills, tablets, capsules, liquids, injectables, creams, ointments, cough drops, inhalers, sprays etc.

6. No child will carry medication during school hours. A STUDENT MAY BE PERMITTED TO CARRY AND SELF-ADMINISTER ASTHMA MEDICATION OR ANAPHYLAXIS MEDICATION FOR SEVERE ALLERGIC REACTION AT SCHOOL OR SCHOOL-RELATED EVENTS ONLY IF WE RECEIVE WRITTEN AUTHORIZATION FROM THE STUDENT'S PARENT AND PHYSICIAN OR OTHER LICENSED HEALTH-CARE PROVIDER. THE STUDENT MUST DEMONSTRATE TO THE PHYSICIAN OR HEALTH-CARE PROVIDER AND TO THE SCHOOL NURSE THE ABILITY TO USE THE PRESCRIBED MEDICATION, IN ACCORDANCE WITH A STUDENT'S INDIVIDUAL HEALTH CARE PLAN FOR MANAGEMENT OF DIABETES, A STUDENT WITH DIABETES IS PERMITTED TO POSSESS AND USE MONITORING AND TREATMENT SUPPLIES AND EQUIPMENT WHILE AT SCHOOL OR AT A SCHOOL RELATED EVENT.
SEE THE PRINCIPAL AND/OR SCHOOL NURSE FOR MORE INFORMATION.

TO: OFFICE OF MCGREGOR I.S.D. I hereby request the administration of the following the contraction of the con	DATE:lowing medication to:
NAME OF STUDENT:	DATE(S) TO GIVE:
NAME OF MEDICATION:	AMOUNT & TIME:
PARENT/GUARDIAN SIGNATURE:	