

BRANDON VALLEY SCHOOL DISTRICT SHORT-TERM MEDICATION SUPERVISION

Note to Parent/Guardian:

The Brandon Valley School District requires that all students who require medication during school hours must do the following:

1. Complete this permission note by stating the name of the medication, the amount and time to be taken.
2. If the medication is by prescription only, it must be brought in the original prescription bottle, properly labeled by a registered pharmacist. All over the counter medications must also come in their original bottle.
3. The parent or legal guardian must sign this permission form. This form is for prescription medications that will be taken for four weeks or less, or for any non-prescription medications.

TO BE COMPLETED BY PARENT

Name of Student _____ **Date of Birth:** _____ **Grade:** _____

Name of Medication: _____

Reason for Medication: _____

Specific time to be taken: _____

Specific amount to be taken: _____

Possible side effects: _____

I, _____, give permission for my child to receive the above medication as directed. I understand that the medication is kept in a locked storage space and that documentation is recorded as each dose is taken. This permission note requiring the supervision of medication to my child gives the Brandon Valley School District and its employees a full release from the responsibilities pertaining to the administration and consequences of such required medication.

_____ Home Phone: _____
 Parent/Guardian Signature Date Work Phone: _____

PRN MEDICATION LOG

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
AUG																															
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Initial/Signature _____ Initial/Signature _____
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