

## 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 2009/2010

	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																															
SEP																															
OCT																															
NOV																															
DEC																															
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