



**The Summit Country Day School**  
**SCHOOL POLICY REGARDING THE DISPENSING OF MEDICATION AT SCHOOL**  
**(PRESCRIBED OR OVER-THE-COUNTER DRUGS SUCH AS TYLENOL)**

In order for school personnel to administer prescribed or over-the-counter drugs such as Tylenol to a student, the following information must be on file (this form is to be completed in full and turned in to the school nurse)

**No medication will be given by school personnel without the written consent of a physician and parent.**

Name of Pupil: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

**TO BE COMPLETED BY THE CHILD'S PHYSICIAN:**

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Duration of Dosage: \_\_\_\_\_

How Administered: \_\_\_\_\_

Date to Begin Administering Medication: \_\_\_\_\_

Date to Terminate Administering Medication: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Physician's Name (print or type): \_\_\_\_\_

Physician's Phone: \_\_\_\_\_ Physician's Emergency Phone: \_\_\_\_\_

Special Instructions for Re-administering/Storing of Medication: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_

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**NOTE:** The medicine must be in pill, capsule, or spoon form. It must be in a clearly marked container from the pharmacist. The label must show the child's name, the dosage directions, the doctor's name and the prescription number.

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**TO BE COMPLETED BY THE PARENT:** The undersigned agree not to file or make any claim against anyone for the negligence in connection with the administration or non-administration of any medicines and further agree to save such individuals and hold them harmless from any liability incurred as a result of the administration or non-administration of any medicines.

I give my permission for the Principal or his/her designee to administer the prescribed medication.

\_\_\_\_\_  
Signature of Parent/Parent Surrogate

Date: \_\_\_\_\_

**THIS PERMISSION IS NOT LONGER VALID AT THE END OF THE CURRENT SCHOOL YEAR!**

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