

**DEER VALLEY UNIFIED SCHOOL DISTRICT # 97
TERRAMAR ELEMENTARY SCHOOL**

PARENT'S REQUEST FOR GIVING MEDICATION AT SCHOOL

I request that the school nurse or my agents (Principal/Designee) see that

_____ receives this medication from _____ to
Student's Name Date

_____ at _____ for _____
Date Time Reason for Medication

Medication Dosage

This medication is furnished by me, and if it is prescription*, it is in its original pharmacy bottle, labeled with my child's name, prescription number, and identification of medication. If it is an over-the-counter medication, it is to be in its original container. The date, time given, and amount given should be entered above. School district personnel will not be responsible or liable for any reaction to medicines given according to the above direction. All medication will be kept in a locked cabinet in the nurse's office and dispensed from there. I understand it is my responsibility to monitor medication supply and provide additional medication when needed.

*If the medication is a sample given by the physician, please provide a signed note from the physician telling who the medication is for, the date, and instructions for giving the medication.

Other medications currently taken by my child: _____

PARENT'S SIGNATURE DATE SIGNED

TEACHER GRADE

Preparing Today's Youth for Tomorrow's Challenges

Medication Brought to School

DATE _____ AMT _____ SIGNATURES _____ / _____

DATE _____ AMT _____ SIGNATURES _____ / _____

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DATE _____ AMT _____ SIGNATURES _____ / _____

EARLY RELEASE DAYS

My child is an elementary school student and I understand lunch is served early on half school days.

I request my student **RECEIVE / DOES NOT RECEIVE** medication at
(circle appropriate answer)

school on early release days.

Parent Signature

END OF YEAR MEDICATION DISPOSITION

AT THE END OF THE NEED OR THE END OF THE SCHOOL YEAR:**

Please initial one of these statements:

_____ I WILL PICK UP MY STUDENT'S REMAINING MEDICATION.
_____ PLEASE DESTROY ANY REMAINING MEDICATIONS.

**DISCONTINUED MEDICATIONS WILL BE RETAINED FOR THREE DAYS, THEN DESTROYED. MEDICATIONS NOT PICKED UP WITHIN ONE DAY OF THE END OF SCHOOL YEAR WILL BE DESTROYED.

