



# Blaine County School District #61

118 West Bullion Street – Hailey, Idaho 83333  
Phone (208) 578-5000 – Fax (208) 578-5110

## Health Care Provider's Order for Prescription and Non-Prescription Medication Given in School

### Note to parent or guardian:

The provision of medication to students during school hours is discouraged. However, our school recognizes those special cases where the student's physician documents a need for in-school dosing.

1. It is the policy of our school district to maintain a signed order for *each* medication that school personnel are asked to dispense during school hours. This form must be completed, signed and returned to your child's school before any medications can be given. This form must be renewed each school year.
2. The medication must be sent to school in its *original* container.

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

### To be completed by the Health Care Provider

- Diagnosis (or reason for medication): \_\_\_\_\_
- Name of Medication: \_\_\_\_\_
  - o Form of medication/treatment:
    - Tablet/capsule     Liquid     Inhaler     Injection     Nebulizer     Other
  - o Instructions (Schedule and dose to be given at school): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
  - o Restrictions and/or other important side effects:
    - None anticipated
    - Yes. Please describe: \_\_\_\_\_
  - o Storage requirements:     None     Refrigerate     Other: \_\_\_\_\_

### High School Students ONLY

- o This student is both capable and responsible for self-administering this medication.
  - No                       Yes - Supervised                       Yes - Unsupervised
- o Because of the need for immediate access by this student, this medication should:
  - Be kept in the student's classroom                       Be kept by student
  - Be kept in the school office

Health Care Provider Signature: \_\_\_\_\_ Phone #: \_\_\_\_\_

### To be completed by the parent/guardian:

I give permission for my child to receive the above medication at school according to school policy.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_