

Parental Request for the Administration of Non-Inject able Medication by School Personnel for students in grades K – 8

In compliance with ORS 326.051, OAR 581-021-0037 and Scio School District policy JHCD, parents may request that school personnel administer prescription and non-prescription non-injectable medication to their child. Requests for designated school staff to administer medication to students may be approved by the district when the following criteria are met:

1. Prescribe medication must be in the appropriately labeled prescription container. The label must include – (a) Name of Student; (b) Name of Medication; (c) Name of Prescribing Physician; (d) Route of Administration; (e) Dosage; (f) Frequency of Administration; and (g) any special instructions. This signed parental request form must accompany the medication.
2. Non-Prescription medication must be in the original container and accompanied by this written parental request form which included the following information: (a) Name of the student; (b) Name of Medication; (c) route of Administration; (d) dosage which must be in compliance with product label; (e) Frequency of administration; (f) special Instructions, if any. No over the counter inhalers or vitamins may be administered.
3. Self-Medication by students in grades 9 – 12 is allowed for certain prescriptions and non-prescription medications when parental consent is on file in the health office and other criteria are met. See form for Permission to self-Medicare for specific information.



****Centennial Elementary and Scio Middle School will have the following medications on hand in the office for student use per the following parent consent.***

Name of Student _____

I give consent for school personnel to administer the following non-prescription medications to my student as needed: (please check all meds that apply)

Tylenol (acetaminophen) – regular strength and junior strength given per dosing chart on bottle)

Ibuprofen - junior strength given per dosing chart on bottle

Triple Antibiotic Ointment (Costco brand)

Calamine Lotion (Costco brand)

Cough Drops (Costco brand Sugar Free Cherry, Honey, Menthol)

****Please do not send duplicate medications to school.**

Parent signature _____ Date _____