

# Newcastle Public Schools Medication Request and Release Form

Student: \_\_\_\_\_ Student Birth Date: \_\_\_\_\_

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

**OVER -THE-COUNTER MEDICATION**

**TO BE COMPLETED BY THE PARENT/GUARDIAN**

Fill out and return to school with age and dose appropriate medication.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_  
 Purpose: \_\_\_\_\_ Time(s) to be administered: \_\_\_\_\_  
 Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Allergies: \_\_\_\_\_  
 Special Instructions: \_\_\_\_\_

**PRESCRIPTION MEDICATION**

**MUST BE COMPLETED BY PRESCRIBING PHYSICIAN**

Newcastle Public Schools discourages the administration of medication to students in school if possible. Medication label and Medication Request and Release must match. This form will only be valid for the current school year. A new form is required yearly.

**PLEASE USE A SEPARATE FORM FOR EACH MEDICATION**

Medication: \_\_\_\_\_ / \_\_\_\_\_ Diagnosis: \_\_\_\_\_  
Trade Name AND Generic Name

Dosage: \_\_\_\_\_ Time(s) to be given at School: \_\_\_\_\_

Method of Administration: ORAL Liquid Tablet Inhaler DROPS Eye R L Ear R L

TOPICAL:  Apply where \_\_\_\_\_ OTHER  \_\_\_\_\_

Effective Dates: From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_

Possible Side Effects: \_\_\_\_\_  
Signs and Symptoms

If Medication is PRN (as needed), please specify: \_\_\_\_\_

\_\_\_\_\_ Can Medication be Repeated?  Yes  No How Many Times? \_\_\_\_\_  
Frequency of Administration

\_\_\_\_\_  
Physician's/Provider Name (Please Print) Physician or Representatives Signature Physician's/Provider Phone Date

**\*\*SELF-CARRY/SELF-ADMINISTRATION OF EMERGENCY MEDICATION\*\*  
AUTHORIZATION/APPROVAL**

Students are allowed to self-administer prescribed asthmatic, diabetic, or allergic medication. Approval to self-administer medications must be authorized by the prescribing physician. **The parent or guardian of the student is to provide the school an emergency supply of the student's medication.**

I have instructed \_\_\_\_\_ in the proper use of his/her medication and it is my professional opinion that this student is capable of self-administration, of the above medication, and should be allowed to carry and use the medication by himself/herself.

\_\_\_\_\_  
 Physician's Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

**I have read the Request and Release Requirements for medication administration (on the reverse side of this form) and I hereby request and authorize Newcastle Public Schools personnel to administer this medication as directed. I agree to release, indemnify, and hold harmless Newcastle Public Schools and any of their officers, staff members, or agents from lawsuit, claim, demand, or action against them for administering medication to this student. I understand that *permission is granted* for exchange of verbal and/or written communication between the school staff and the prescribing physician/dentist regarding this medication. I also understand that any remaining medication must be picked up by legal parent/guardian on or before the last day of school or the medication will be destroyed.**

\_\_\_\_\_  
 Signature of Legal Parent/Guardian Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Contact Phone

## **Newcastle Public Schools**

### **Medication Request and Release Requirements**

It is recommended to give medications at home if possible. If it is necessary that a medication be administered by school personnel during school hours, the following procedure must be followed:

1. A student who needs to take medication at school must have a current year Medication Request and Release Form filled out properly and signed by the physician and/or parent before the medication can be brought to and kept at school. Medications are provided by the parent/guardian.
2. All medication must be brought to the office by the parents/guardians. Students are not allowed to carry medications on their person at any time. The only exceptions are emergency medications such as rescue inhalers, epi-pens and insulin with appropriate consent.
3. The parent/guardian will promptly notify the school of any changes in the administration of medication by providing the school with a new Medication Request and Release Form. Written or verbal changes from parent/guardian CANNOT be accepted.
4. Over-the counter medications must be in an original container. The dosage and frequency to be given must be consistent with label instructions. The school cannot accept expired medications.
5. Prescription medication must be brought to the school in original containers with all instructions and pharmacy labels clearly visible. The pharmacy will dispense an additional prescription label and bottle for school use if requested by parent/guardian. If the medication is not properly labeled or does not match the Medication Request and Release Form, it will not be given. Medication cannot and will not be accepted in baggies or envelopes.
6. Medications and Medication Request and Release Forms must be kept in the office.
7. All medication must be picked up by the last day of school by a legal parent/guardian. If not, they will be destroyed. The school cannot send medications home with students.