

# Medication Administration Record

Harrisonville Cass R-IX Schools

Student: \_\_\_\_\_ Teacher/Grade: \_\_\_\_\_

Student's Medical Condition/Diagnosis: \_\_\_\_\_

Medication: \_\_\_\_\_ Route: \_\_\_\_\_

Dose/Frequency: \_\_\_\_\_ (Circle) **Daily / PRN**

Comments: \_\_\_\_\_

## INHALERS/EPI-PENS ONLY

Both a doctor's note and parent permission are required for a student to self-carry and self-administer their prescribed inhaler or epi-pen at school/school activities. By granting permission, you exempt the Harrisonville School District and its' employees from any liability or negligence relating to the student carrying and self-administering their medication. In the event the student misuses their inhaler/epi-pen, they will not be allowed to carry their medication and it will be kept in the Nurse's office.

\_\_\_\_(Parent Initials) My child has my permission to self-carry/self-administer their inhaler or epi-pen.

\_\_\_\_(Nurse initials) Received doctor's note for student to self-carry/self-administer inhaler or epi-pen.

I give the school nurse (or designated trained personnel) my permission to administer the above medication to my child as the physician has ordered, or as directed on the manufacturer's label. All over-the-counter medication must be brought in its unopened original container. I understand that I cannot send medication with my child to school nor have my child bring it home. Any medication not picked up by parent/guardian at the end of the school year will be destroyed.

### Parent

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

### Nurse

Signature: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

## PICK UP ONLY

RETURN DATE: \_\_\_\_\_ QUANTITY \_\_\_\_\_

RECIPIENT: \_\_\_\_\_ NURSE: \_\_\_\_\_

COMMENTS:

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