



Bellevue Public Schools

NRS 1037 - 2/24

Permission for Medication Administration

The Board of Education believes that the responsibility for prescription, possession and administration of student's medication lies with the parent/guardian and the physician. However the Board also recognizes certain situations may occur in which it is necessary for medication to be administered to a student during the regular school day. In such cases the following procedures shall be followed:

Written Approvals

1. Long-term medication (longer than two weeks), prescription and non-prescription, requires both the parent's/guardian's and the doctor's written permission.
2. Short-term medication (two weeks or less), prescription and non-prescription, requires the parent's/guardian's written permission.

Safeguards for Storage

1. It is encouraged for the parent/guardian to deliver and pick up medications. Medication may be transported by a student as permitted by the parent/guardian.
2. All medications at school will be stored securely.
3. No more than a 30 day supply of medication will be accepted to facilitate storage and administration.
4. Parents/guardians are responsible for keeping track of the expiration date of all medications. Expired medication will not be given at school.
5. Medication not picked up by the last day of school will be disposed of by the health office.

Conditions of Administration

1. Prescription medication will be brought to the school in the original prescription container with a pharmaceutical label which must state the student's name, medication, dose and manner of administration. The pharmacy can provide a labeled container for school and for home.
2. Non-prescription (over-the-counter) medications must be brought to the school in the original packaging.
3. A separate permission form is required for each medication to be given.
4. The parent/guardian is responsible for notifying the school when a medication has been discontinued or changed.
5. A new permission for medication administration will be required each school year and promptly when there are changes.
6. The school district retains the discretion to reject requests for administration of medication.

Student Name: _____ Date of Birth: _____ Grade: _____

Name of Medication: _____

Dose: _____ Route: _____
(how to administer - oral, injection, etc.)

Time to be given: _____ For treatment of: _____

Special Instructions: _____

Dates of Administration: From _____ to _____ **OR** ☐ entire school year
Beginning Date End Date

I request and authorize the school nurse or medication trained personnel to administer the above medication. If needed, the prescribing health care provider may be contacted by the school nurse for clarification about the medication administration.

Parent/Guardian Signature Date

Health Care Prescriber Signature Date