



## Mineral County School District Medication During the School Day Permit Instruction and Form

Dear Parent/Guardian:

In order to administer student medication correctly, Mineral County School District (MCSD) is requiring parents/guardians to follow the procedures listed below:

- Medication shall be administered pursuant to a written order and written instructions from the student's physician.
- ALL medication shall be brought to the school by the parent/guardian in its original container properly labeled with the student's name, medication, dosage, time, and route of administration. **Students are not allowed to bring their own medication to school. If a student brings medication to school, the medication will not be administered.** Medication shall be picked up by the parent/guardian at the end of the school year or the end of the period of medication, whichever is earlier. Medication not picked up will be disposed in the proper manner.
- Orders and instructions must be current and obtained yearly using the MCSD Medication Permit Form and, if any changes in medication (prescription, dosages, times, administration) must be accompanied by a new MCSD medication permit form.
- The school nurse shall maintain a record of the name of the student to whom medication may be administered, prescribing physician, dosage, time, and notation of each administration.
- Medication that is to be administered at school and at home, please ask the pharmacist for two medication bottles. (Two medication bottles allows for medication to remain at school and not transport/transfer between home/school.)

Sincerely,

HOLLY PELLETT, MSN, RN  
MCSD School Nurse

## Mineral County School District Medication During the School Day Permit Instruction and Form

The undersigned physician advises you that \_\_\_\_\_, a certified student of MCSD, requires the following described medication during the school day:

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(Please identify by prescription name, dosage, and instructions.)

The undersigned parent or legal guardian hereby requests MCSD, through its staff, to administer to the above named student, the above identified medication as is required by the prescription during the school day. Moreover, MCSD, the Board of Trustees of the district, and all agents of the district from any liability for the administration of the above medication so requested. The parent/guardian agrees to provide medication in prescription bottle appropriately labeled by pharmacist with dispensing directions.

PLEASE NOTE: this authorization is good for the current school year only AND must be renewed yearly. Any change in medication or dose will require a new permission form to be completed by the physician and parent or legal guardian and placed on file with the school nurse.

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PHYSICIAN Signature

Date

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PRINT Physician Name

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PARENT/GUARDIAN Signature

Date

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PRINT Parent Name



**CONSENT AND REQUEST FOR MEDICATION ASSISTANCE DURING THE SCHOOL DAY  
Mineral County School District School (MCSD)**

Parent/guardians of students, who are required to take medication during school hours, must submit this completed form to the school health office. **This applies to over-the-counter medication, as well as prescription medication.** All prescription medication must be in a current pharmacy labeled container. Non-prescription medication must be in the original unopened packaging, labeled with the student’s name and date of birth. **Any change in type, frequency or amount of medication will require a new form to be completed and signed by the physician/healthcare provider and parent.** If a student requires assistance with more than one medication, a separate form must be completed for each medication. Medications administered at school must be FDA approved.

**PLEASE FAX THIS COMPLETED AND SIGNED FORM TO:  
MCSD School Nurse @ 775-945-3371  
MCSD School Nurse direct telephone (Office): 775-945-5815**

The undersigned physician/healthcare provider advises you that \_\_\_\_\_, a **certified student in HAWTHORNE ELEMENTARY SCHOOL, SCHURZ ELEMENTARY SCHOOL, HAWTHORNE JUNIOR HIGH SCHOOL, OR MINERAL COUNTY HIGH SCHOOL,** requires assistance taking the following medication during the school day:

DOB: \_\_\_\_\_ Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_ Time: \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Common Side Effects of Medication: \_\_\_\_\_

FOR “PRN” MEDICATIONS: Symptoms/indications and frequency for giving the above medication:

This medication will be provided to Mineral County School District by the parent/guardian of the child and the undersigned parent/guardian agrees to assume all responsibility for maintaining the supply of medication. Medications that are kept in the school health office will be returned to the parent only, or with parent permission may be sent home with the student. **Medications known as Controlled Substances cannot be transported by a student.** Medications not claimed or picked up by the parent/guardian or their designee by the end of the last day of school will be disposed of by the School Nurse. **Medication brought to school by the student will not be administered.**

The undersigned parent/guardian hereby requests Mineral County School District assist and supervise the above named student in taking the medication listed above during the school day. In addition, the parent/guardian gives permission to the School Nurse to exchange confidential information, relative to the medication noted above, with the undersigned physician/healthcare provider; and further agrees to hold the Mineral County School District, the Board of Trustees of the District, and all agents of the District harmless from any liability for their participating in assisting and supervising the above named student in taking this medication.

THIS CONSENT / ORDER IS VALID FOR ONE CALENDAR YEAR: \_\_\_\_\_

\_\_\_\_\_  
PHYSICIAN Signature Date

\_\_\_\_\_  
PRINT Physician Name

\_\_\_\_\_  
PARENT/GUARDIAN Signature Date

\_\_\_\_\_  
PRINT Parent Name

REVIEWED BY SCHOOL NURSE (Signature, date, time, and school year)