West Central School District 49-7
Hartford-Humboldt, SD

Prescription Medication Form

This is a requirement of the West Central School District. For **prescription medications**, both a Parent and a Physician must complete and sign the a "Prescription Medication Form" before medication(s) can be given at school. For **over-the-counter medication(s)**, a Parent/Guardian must complete the medication section **online** before over the counter medication(s) may be given at school. Medication must be delivered directly to school nurse or administrative assistant by the Parent/Guardian or responsible adult, and it must be in an original pharmacy container or original manufacturer's container. You may request an additional labeled container from your pharmacist when filling the prescription.

To be completed by Parent/Guardian and/or Physician

Date: _____ School: _____

Student's Name: _____ DOB: _____

Parent/Guardian Name: _____ Phone#: _____

Name of Medication: _____ Dosage/Amount Prescribed: _____

Amount and time(s) to be administered at school: _____

Diagnosis: _____ Allergies: _____

If this is an emergency medication, i.e. inhaler, EpiPen, etc., has student been instructed to self-administer and may he/she do so? YES: ____ NO: ____

Physician's Name (prescription only): _____ Phone #: _____

Physician's Signature: _____ Date: _____