

# Manvel Public School

*Inspiring 21st Century Learners to Influence 22nd Century Successes*



## Manvel School Medication Consent Form 2022 - 2023

Parent/ Guardian,

In accordance with the Manvel Public School medication policy, effective on February 11, 2020, **all over-the-counter (OTC) and prescription medications will need to be provided by the parent/guardian of each student. Manvel Public School will no longer be supplying OTC medications including Tylenol, Tums, Neosporin, cough drops, vaseline, hydrocortisone cream, or contact solution.**

In order to protect the safety of the school district, personnel and your child, there will be no exceptions to this policy. Please follow the steps as outlined below if you want OTC medication administered to your child during school hours.

- All OTC medication(s) must be in its original container and the bottle must be new with an unbroken seal.
- Just a reminder - all **prescription** medications must have a fixed label which indicates the student's full name, name of the medication, dosage, method of administration, time of administration and time interval of dosages. Unlabeled prescription medications will NOT be accepted.
- Parents/guardians must bring in the **prescribed** medication(s) to the school office. Students can NOT bring prescribed medication to the school
- Place all medication in one ziplock bag, labeled with the student's full name.
- All medication that is not picked up by the end of the school year will be properly disposed of within 30 days.

I authorize the following eligible school medication providers to administer medication to my child:

Dave Wheeler  
Karla Braaten  
Melissa Hiltner  
Nicole Stevens  
Elisa Nowatzki

## PARENTAL CONSENT

I certify that the information included on this form is accurate to the best of my knowledge. I acknowledge that I have read, understand, and agree to comply with the school district's medication program policy. I hereby release Manvel Public School District and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend, and hold them harmless from any claim or liability connected with such reliance. I also acknowledge and agree to comply with the district's drug and alcohol free schools policy, which contains restrictions related to medication.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please list any and all medications and dosage that you are providing to the school for your child(ren).

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name(s): \_\_\_\_\_ Dose(s): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name(s): \_\_\_\_\_ Dose(s): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name(s): \_\_\_\_\_ Dose(s): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name(s): \_\_\_\_\_ Dose(s): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name(s): \_\_\_\_\_ Dose(s): \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Medication Name(s): \_\_\_\_\_ Dose(s): \_\_\_\_\_

I have a right to receive a copy of this authorization. Signing this authorization is required in order for my child to obtain medication services in the educational setting.