

**THE WOLF SCHOOL
SELF- MEDICATION FORM - 2017/2018**

Student's Name: _____ **Date:** _____

At the present time, the Wolf School does not have a full time nurse. Therefore, at times, we are unable to dispense medication, unless the physician has written the prescription specifically for self-medication of non-controlled substances only, e.g. Clonidine, Guanfacine (Tenex), Tylenol, cough syrup.

Controlled substances, such as Ritalin (Methylphenidate), Concerta, Dexedrine (Dextrostat or Dextroamphet), Adderall, Metadate, Methylin, cannot be self-medicated.

If your child is currently on a controlled substance, which must be administered during school hours, please contact our Head of School to discuss a plan.

If your child can self-medicate, please complete this form, sign it, and have your child's physician sign it as well. Please complete additional forms if more than one medication is to be self-administered.

Please note, this form must be on file for over-the-counter medications such as Acetaminophen, Ibuprofen, Benadryl, Sudafed, antacid, and throat lozenges on an as needed basis. **If you provide permission for one of these over-the-counter treatments, you need to provide a supply to the school office.**

Is the child capable of self-medication? Check one: Yes _____ No _____

Name and Strength of Medication: _____

Expiration of Medication Order _____

Time of Day Child is to Take Medication: _____

Physician's Diagnosis: _____

Parent or Guardian's Signature: _____

Physician's Name: _____

Physician's Signature (Required): _____

Physician Contact: Address: _____

Phone: _____

Note: This page will serve as the form for parental and medical approval