



The major responsibility for specific medications belongs to the student's parents. On occasion a child requires a specific medication during the school day. In order to provide proper care to your child and protection for all school children, the following method of administering medicine in school shall be followed:

1. **No medication, including over-the-counter medications, will be administered without prior written permission of the student's parent. The permission slip to administer medication must be filled out, signed by the parent, and sent with the medication. Permission slips must be completed each year.**
2. All medications are to be kept in the office, unless otherwise **No medication should be in the student's pocket, lunch or pocketbook.**
3. The administering of medication can be by or under the supervision of the school staff.
4. The medication must be **brought to school in its original container by the Parent/ guardian in its original container** clearly labeled with:
 - Child's Name
 - Name of Medication
 - Amount of dosage
 - Time to be given
5. If a child requires medicines two or three times a day, it is suggested your child receive it at home before school in the morning and when your child returns home at the end of the school day. When a student requires medication(s) several times during the school day, he/she is too ill to be in school.
6. A parent may come to school at any time to administer medication to his/her child.

ISMET/OIA
PERMISSION FOR SCHOOL PERSONAL TO ADMINISTER MEDICATION FORM

Dear Parent/Guardian:

Teachers and Staff may **not administer** any medication **without a written order** from your child's Physician indicating the name of the medication, the dosage, the reason it is being given, and the time to administer it in school. For **over-the-counter, non-prescription medication, your signature is required**. Permission slips must be completed each year.

We strongly encourage parents to consult with their child's healthcare provider regarding proper usage and possible side effects before sending medication to school. Thank you for your understanding and cooperation in helping us prioritize student safety

In order for office staff to administer medications, ISMET/OIA requests that you ask your parent to complete the enclosed form. In the event your child needs medications, fill in the name of the medications on the enclosed form and sign it. Please have your child return the form to the office.

Medication must be brought to school by the parent/guardian in its original container, clearly labeled with child's name, name of medication, amount of dosage and time to be given.

After you complete the **Permit to Administer Medication** form, ISMET/OIA office Staff will be glad to administer medication for your child.

.....
Phone permission is not acceptable. Thank you for your cooperation in this important matter.

PERMIT TO ADMINISTER MEDICATIONS

(Signed permit good for current school year)

Student Name: _____ Grade: _____

Name of Medication: _____

Amount to be Given: _____ Dates to be Given: _____

Time to be Given: _____ Reason for Medication: _____

Side effects of Medication: _____

Any necessary emergency response: _____

By signing below, we, the parents, acknowledge that while MET School Staff may assist in administering medication to students as requested, MET will not be held responsible or liable for any side effects, reactions, or medical complications that may arise from a student taking medication during school hours. By providing the school with medication for our child, we, the parents, acknowledge and accept full responsibility for any outcomes related to its use. To the fullest extent permitted by law, we, the parents of _____, hereby release and hold harmless Muslim Educational Trust (MET), its officers, employees, guides, volunteers, agents, partners, and affiliates from any and all claims, liabilities, damages, or expenses arising from any injury, accident, illness, loss, or death (God forbid) that may occur during or in connection with administering the medication to our child, whether caused by negligence or otherwise.

Signature of Parent/Guardian: _____

Phone Number _____

Date _____

Signature of Parent/Guardian: _____

Phone Number _____

Date _____