

Gilbert Campus

580 W. Melody Ave.
Gilbert, AZ 85233
480-813-9537 phone
480-813-6742 fax



Queen Creek Campus

4567 W. Roberts Rd.
Queen Creek, AZ 85142
480-888-1610 phone
480-888-1655 fax

IB World School

EDUPRIZESCHOOLS.NET

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Medication Policy from the Health Office

Parents,

We cannot accept nor give any prescription medications without a current order from your medical provider. Medication that you wish your child to receive during their school day at EDUPRIZE SCHOOLS that requires a prescription, requires an order from your medical provider to be provided to the school Health Office. When you provide the order and the medication to the Health Office, you must complete medication consent as well. **Any changes to your student's medication order(s) including type and dosage, requires a new order from your medical provider, a new medication consent to be completed, and a new prescription bottle and medication supply to be provided to the Health Office immediately.** The medical provider order and bottle directions must match. If a change occurs in the type of medication or dosage, we will only be able to follow the current medication order and consent on file. It is imperative that we receive the new order, consent, and supply as timely as possible to safely meet the medication needs of your student.



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PRESCRIPTION AND NON-PRESCRIPTION MEDICATION CONSENT

Please check here if NON-Prescription

I the Parent/Guardian, hereby request and give my consent for the designated school staff member or administrator to see that my child, _____, receives the medication prescribed by (medical provider) _____ for Diagnosis/Condition _____.

The medication is to be furnished by me in the original labeled container, and given in the following manner:

1. Name of medication _____
2. Strength of Medication _____
3. Dosage (Amount to be given) _____
4. Approximate time of administration _____ Don't give after (time) _____
5. Route of Administration (by mouth, topically, etc.) _____
6. Date Medication is to be discontinued _____
7. Expiration date _____

Healthcare Provider's Name: _____ **Phone No.** _____

(Please PRINT)

Date: _____

Healthcare Provider Signature

I am aware that medications, except that pertain to life threatening conditions, WILL NOT be sent during a school designated field trip unless requested by parent at least 48 hrs. in advance of EACH field trip. (Initial) _____

When deemed necessary, non-prescription medications will be administered with signed consent. Non-prescription medication given beyond 3 consecutive days, will need a medical provider's order to ensure that this medication is not masking any underlying symptoms of a serious condition in the student. (Initial) _____

I understand that I will be given notification regarding medication expiration. If no response is received or the medication is not replaced, this consent may be terminated by Eduprize Health Office Staff and the medication discarded. (Initial) _____

I understand that unless I have made previous arrangements with the Eduprize Health Office Staff, any medication left in the Health Office after the last day of school, will be discarded. (Initial) _____

Signature (Parent/Guardian) Date Parent Contact Number

Teacher

****DO NOT WRITE BELOW THIS LINE – FOR OFFICE USE ONLY****

Consent signed for dispense in building 2 or 3? Yes ___ No ___

Medication **returned** to parent/guardian or **discarded** on (date) _____

Parent/Guardian Signature _____ Self Carry Y ___ N ___

Eduprize Nurse Signature _____ Chamber/Spacer Y ___ N ___