



**ProEd**  
Global School

Dear Parent and Physician:

ProEd School has a dedicated staff member to administer medication to a child if recommended and required. The policy intent is to encourage students to take required medications prior to, or after, school hours. For those few medications, which need to be administered during school hours, ProEd's policy requires completion of this **Authorization for Medication** form each school year and every time there is a change in medication dosage or time and frequency of administration.

**ProEd School defines medication to mean “any prescription or over-the-counter medication or supplement, which the medical care source deems essential to be administered during school hours.”** The **Authorization for Medication** form is required for both short-term and long-term prescriptions and over-the-counter medications. The need for over-the-counter medication is short-term (less than a week), and only a parent's note is required that states the medication, dosage and time and frequency of administration. The parent always has the option to come to school and administer the medication if they wish to do so in short and long term medication options.

**For students in grades ProEd School**, all medications, must be transported to school in the original container by the parent/guardian and administered by school personnel. For parents convenience, it may be helpful to ask the pharmacist to label two containers, one for home and one for school.

Two important points to remember are:

- Parents are responsible for informing the school Director of any serious changes in the student's health or any change in the medication to be administered. Changes in medication, including altered dosage and changes in time and frequency of administration, require authorization from the parent with a new updated **Authorization for Medication** form.
- Students are not allowed to Self Medicate during school hours. Abuse of this privilege shall result in its revocation.
- ProEd School students authorized to carry and administer rescue medications such as asthma inhalers, epi-pens or insulin **ONLY**. Students need to seek medical approval before administering their own medications.

Thank you for your assistance in providing the necessary documentation and care for our students. We share your concern for their health and safety as well as their academic success.

Sincerely,  
Llana Anne Reece  
Principal Director Pro Education Indonesia



**AUTHORIZATION FOR MEDICATION**

**TO BE COMPLETED BY PHYSICIAN/MEDICAL PROVIDER**

Date : \_\_\_\_\_

Name of Student : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Campus : \_\_\_\_\_

**It is necessary that medication be given during school hours in order to keep this student in optimum health and to help maintain school performance.**

**Medication** \_\_\_\_\_ **Dosage/mg** \_\_\_\_\_ **Time** \_\_\_\_\_

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**Time(s) medication is to be given at SCHOOL** \_\_\_\_\_

- **Providers please note that “lunch time” can vary from 11:30 am to 1:30 pm**
- **If medication is administered as needed, please indicate specific circumstances when medication should be given (School staff, not licensed medical or nursing personnel, will be administering medication **ONLY**):**

\_\_\_\_\_

ProEd School students authorized to carry and administer rescue medications such as asthma inhalers, epi-pens or insulin or high school students **ONLY**. Students need to seek medical approval before administering their own medications.

May self-medicate (student has demonstrated proficient use of medication).

May not self-medicate.

\_\_\_\_\_

\_\_\_\_\_

Telephone Number \_\_\_\_\_

Medical Provider’s Signature \_\_\_\_\_

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**TO BE COMPLETED BY PARENT**

I hereby give permission for my child, \_\_\_\_\_ to receive medication during school hours. This medication has been administered by a dedicated staff member. I hereby release ProEd School from any and all liability that may result from my child taking the medication.

Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian,

\_\_\_\_\_

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**TO BE COMPLETED BY STUDENT AUTHORIZED TO SELF-MEDICATE**

I understand that it is a privilege for students to be allowed to self-medicate during school hours with the observation of a staff member. Abuse of this privilege shall result in its revocation.

Signature of Student,

\_\_\_\_\_