

**PERMISSION FOR MEDICATION
(PRESCRIPTION AND NON-PRESCRIPTION)**

The medication policy of the Greene County School System states: "Medications should be taken only when the student's health requires that they be given during school hours. Medications brought to school must be in the original container with pharmacy label attached or the manufacturer's original labeled container." Medications will be placed in a locked cart or box. Parents/guardians are responsible for removing from the school any unused medication or it will be properly disposed of at the end of the year. Medication **will not** be sent home on the bus. This permission form must be renewed at the beginning of each school year.

To be completed by parent

Name of Student _____ Birthdate _____

School _____ Grade _____ Teacher _____

Address _____ Phone _____

School personnel assist with the self-administration of medication. My child is competent to take this medication as directed,

DATE **REQUIRED PARENT/GUARDIAN SIGNATURE** HOME PHONE EMERGENCY PHONE

To be completed by Physician: (Or by parent for as-needed, over-the-counter medications only)

Medication _____ Dosage _____ Tabs/Tsp, Puffs, Etc _____ Total mg dose _____

Route _____ (By Mouth, Topical, Inhaler (see below), Etc.)

Time of Day Medication Is To Be Taken _____ (Ex. Lunch)

Purpose of Medication _____

Possible Side Effects _____

Anticipated Number of Days It Needs To Be Given At School _____

***Required for inhalers: This student has asthma and has been instructed in the proper use of this inhaled medication. yes no not applicable.**

**This inhaler is to be _____ kept in the locked medication area, OR
_____ given to the student to keep in his pocket, backpack, etc. as long as improper use is not observed.**

DATE

SIGNATURE OF PHYSICIAN

PHYSICIAN'S NAME

ADDRESS

PHONE#

EPI-PENS will be kept in a locked medication cart or box unless parents contact school nurse at 798-2646 and make other arrangements. School please contact school nurse for students with inhalers and epi-pens

Over-the-counter medications to be given as needed DO NOT need a physician's signature

Rcvd. By _____

Date