

Mandel JDS Medicine Administration Form

A permission form for medication, both prescription and over-the-counter, signed by both physician and parent, must be received prior to the administration of medication. All medications must be sent in the original container. Additional forms are available in the school office. If you have any questions, please call the school office.

Permission Form for Medication

Date form received by the School _____

Student Name _____

Date of Birth _____ Grade _____

To Be Completed By Physician or Authorized Prescriber:

Reason for Medication _____

Name of Medication _____

Form of Medication (Liquid, tablet, etc.) _____

Special Storage Requirements _____

Instructions (schedule and dose) _____

Restrictions and/or Side Effects _____

Physician Signature _____ Date _____

Physician Name _____

Physician Address _____

Physician Phone Number _____

To Be Completed By Parent/Guardian:

I give permission for my child, _____, to receive the above medication at school according to standard school policy and agree to 1) deliver medication to the School in the original container 2) have a new form completed by the physician if the medication or dosage is changed and 3) notify the school if we change physicians.

Signature _____ Date _____