



MEDICATION ADMINISTRATION PERMISSION

_____ Prescription
 _____ Non-Prescription

When possible, medications should be given to students before or after school by the parent or guardian. **Medications must be provided to the school by the parent or guardian in the original container.** Medications may only be given within the limits of the prescribing health care provider's order and/or instructions printed on the container or package insert. Please complete a separate form for each medication to be given at school.

Student Name:	Date Of Birth:
School Name:	Grade:

Is your child allergic to any food, medicines, or other items? NO YES (If yes, list allergies.)

Medication:	Dosage:
Purpose of Medication:	Route:
Time of day medication to be given at school: (Lunch times vary 11:00a-12:30p)	Anticipated number of days medication will be given at school: <input type="checkbox"/> until end of school year <input type="checkbox"/> _____ weeks <input type="checkbox"/> _____ days
Possible side effects:	

Health Care Provider's Signature Required for Prescription Medications	
Prescribing Health Care Provider's Signature: <i>(Stamped Signatures are NOT accepted)</i>	Date:
Stamp, Print, or Type Health Care Provider's Name & Address:	Office Phone Number:
	Office Fax Number:

I give permission for the medication noted above to be given to my child during the school day. I give permission for the school nurse or school administrator to contact the health care provider named above to discuss this medication and my child's health. I give permission for the health care provider named above or his/her designated employees to provide information about this medication and my child's health to the school nurse or school administrator. I understand that the school may require that I agree to the school district's rules about medications before this medication will be given at school. I understand that I am responsible for notifying the school if any of my child's medications change.

Signature of Parent/Guardian

Date

Print or Type Name of Parent/Guardian

Date