

**Spotswood Public Schools**  
**Permission to Administer Medication**

To meet the requirement of the Spotswood Board of Education Policy 5141.21, 'Administering Medication', this medication order form must be completed and signed by the physician. The parent/legal guardian's signature grants permission for the school nurse to administer the prescribed medication to the student. This completed form will be kept in the child's health folder. All medications must be kept in the original container. Only the school nurse or the parent/guardian may administer medication in school. Students who have a life-threatening condition and may require emergency usage of an inhaler or Epi-pen must have an additional form completed.

**Part I – To be completed by physician.**

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Diagnosis \_\_\_\_\_

Medication \_\_\_\_\_

Dosage \_\_\_\_\_ Time of Administration \_\_\_\_\_

Side Effects \_\_\_\_\_

Please initial if medication dose may be skipped on school trips. \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
(Please Print)

Special Instructions \_\_\_\_\_

**Part II – To be completed by parent/legal guardian.**

Please check one: \_\_\_\_\_ to be given at home on half days. \_\_\_\_\_ to be given at home on half days.

Parent's Signature \_\_\_\_\_

**\*A new form must be submitted each school year.**