

MEDICATION PERMISSION FORM

I. ALL medications taken at school require:

- 1. Parent/Guardian signature on Medication Permission Form (Section B).
- 2. Original container.
- 3. Explicit directions on the dosage and time medication is to be taken.

II. A doctor must complete Section A of the Medication Permission Form for medications prescribed:

- 1. On a daily basis.
- 2. "As needed" for treatment of chronic illnesses.
- 3. For treatment of emergencies.
- 4. That contain aspirin (acetylsalicylate, salicylic acid or salicylate).
- 5. That are herbal/homeopathic.

III. ALL MEDICATION MUST BE BROUGHT TO THE SCHOOL BY A PARENT/GUARDIAN.

SECTION A: PHYSICIAN'S ORDERS

Student's Name _____ School _____ Date _____

Medication _____ Dose _____ Time _____

For treatment of _____

Adverse reactions expected _____

Physician's Signature

Print Physician's Name

Telephone

SECTION B: PARENTAL/GUARDIAN CONSENT

Student _____ School _____ Grade _____

Student's Date of Birth _____ Homeroom Teacher _____

Parent/Guardian _____ Home Phone _____

Work Phone _____

I hereby request and authorize you to allow my son/daughter to take:

Medication _____ Dose _____ Time _____

I release school personnel from liability should reactions result from this medication. I authorize a representative of the school to share information regarding this medication with the above doctor.

Parent/Guardian Signature

Date