Permission for School Administration of Medications

STUDENT NAME _____ DATE OF BIRTH _____GRADE_____

When possible, medications should be given to students before or after school by the parent or guardian. Over the counter medications may only be given according to the instructions printed on the container or the package insert. Medications must be provided and transported to and from the school by the parent or guardian in the original container.

Please complete a separate form for each medication to be given at school. If the medication is to be given to more than one of your children, please complete a separate form for each child.

Is your child allergic to any food, medicines, or other items? □ No □ Yes (If yes, list allergies)	
Name of Medication:	
Specific Reason for medication:	Date to give last dose (or "end of school year")
Amount/Dose of medication to be given:	Time(s) of day medication to be given at school (or "as needed"). May also say, for ex,: "lunch time":

Child's health care provider name and address:	Provider Office Phone Number: Provider Office Fax Number:
Provider signature (required for prescription meds or aspirin)	_____ **Provider initials for student to carry/self-administer medication.** This only applies to inhalers, epi-pens, and diabetes meds for middle and high school.

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 designated school official 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 designated school official. I understand that I am responsible for notifying the school if any of my child's medications change. If the provider has initialed for the student to carry and self-administer medication, I consent to my child doing so and have trained my child in how to do so safely and appropriately.

_____ _____

Signature of Parent/Guardian Date

Parent email:_____ Parent phone:_____