



Prescription Medication Administration Permission Form

To receive prescription medication during school hour’s parent/guardian permission is necessary along with a Physicians signature. By signing this form, you as the parent/guardian give permission for the School Nurse, Health Paraprofessional or authorized school personal to administer medication to your child. The medication name, dosage, route, time and reason for medication to be administered are required. Medication needs to be in the proper medication bottle/container with the medication label, directions of administration and prescribing Physicians name. If the medication is a controlled substance (Ritalin, pain pills, etc.) the medication needs to be counted with the School Nurse, Health Paraprofessional or authorized school personal and signed in on the medication administration form in the health office. **A separate form needs to be filled out for each medication.**

- This form needs to be filled out in full and signed by the parent/guardian and Physician.
- Medication needs to be picked up by the parent/guardian or permission to send the medication home with the student at the end of the year needs to be signed.
- **Controlled substance medication cannot be sent home with the student; parents have to pick up left over pills at the end of the school year!**
- First dose of medication should always be given at home to check for adverse signs and symptoms of a reaction.

Parent/Guardian Signature Date

I give permission for my child, _____ to bring his/her medication(s) home at the end of the school year.

Parent/Guardian Signature Date

PHYSICIAN’S INSTRUCTIONS FOR PRESCRIPTION MEDICATION IN SCHOOL

Name of Student: _____ Date: _____

Diagnosis: _____

Name of Medication: _____ Dose: _____

Time and Circumstance of administration at school: _____

Can a reaction be expected? _____ If so, please describe: _____

Physician’s Signature Phone Number