

### MEDICATION PERMISSION FORM

(Given at the beginning of the year for use as needed.  
Additional forms are available in the school office.)

Only medication prescribed by a physician, dentist, or optometrist shall be administered during the time the student is at school. All medication must be supplied to the school in the original container. The student will self-administer her/his medication. The parent may come to school and administer the medication to the child. The ability of the child to self-administer is to be determined by the parent.

All containers must be properly labeled and include the following information: name of medication, dosage, time to be taken, name of doctor, name of student, and route of administration. The time of medication administration may need to be altered slightly to fit your child's schedule. Students in grades 7-12 will be responsible for going to the office at the appropriate time. Students in preschool through grade 6 will be reminded by the school secretary as needed.

The bottom part of this form must be completed and returned to the school for your child to take medication at school.

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Name of Medication:

\_\_\_\_\_  
This medication has been prescribed by:

\_\_\_\_\_  
Dosage: \_\_\_\_\_

\_\_\_\_\_  
Name of Doctor - to be taken during  
school hours.

\_\_\_\_\_  
Length of time medication to be taken  
(if known):

\_\_\_\_\_  
Time to be taken at school:

\_\_\_\_\_  
Reason for medication being taken at  
at school (if known):

The school has my permission to contact the prescribing doctor if clarification is needed about taking this medication at school.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_