



MEDICATION PERMISSION AND INSTRUCTIONS

If you are giving or applying any medication to a student, the following must be completed by the parent for **each** medication. Any interruption in medication will require a new permission form. The first dose of a new medication must be administered by parents or guardian, not by school staff. Expired medication will not be accepted.

Prescription medication shall be in the original container and have the pharmacy label indicating the physician's name, child's name, instructions, and name and strength of the medication.

Over-the-counter medication must be in the original container and will only be administered with a physician's written authorization providing the information required on a pharmacist's label.

TO BE COMPLETED BY PARENT

I give my permission for a school representative to give or apply to _____
(Please print child's name)

the medication, _____
(Please print prescribed medication)

I understand that the school or staff shall not be held responsible for any side effects or side effects that might result from the administration of such medication.

DIRECTIONS:

1. Date to Begin Medication	2. Date to Stop Medication
3. Times Medication is to be given	4. Amount (dosage) of Medication Each Time Given
5. Name of Physician prescribing medication	6. Telephone Number of Physician
7. Storage of Medication	8. Purpose of Medication
9. Other Directions, if Any	
Signature of Parent	Date

TO BE COMPLETED BY THE PROVIDER

Date	Time	Amount Given	By Whom	Witness

It is recommended that this form be kept on file for 3 years. Review information with the parent every 3 months if the medication is ongoing.