

**PARENT/GUARDIAN PERMISSION
TO USE PRESCRIPTION MEDICATION AT SCHOOL**

Name of student: _____ Date of Birth: _____

Parent/Guardian Name: _____

Home phone: _____ Work/Cell Phone: _____

Name of Medication: _____

Reason for Medication (Diagnosis): _____

Dosage: _____ Time to be given: _____

Amount of Medication (counted by parent/guardian and school staff/nurse): _____

How long is this medication to be given?

1. Short-term course, until completed in _____ days.
2. Daily throughout the _____ school year.
3. Until further notice.

Name of prescribing physician: _____ Phone #: _____

My child has *a medical condition diagnosed by a physician* that will require taking medication at school. I understand that I must bring the medication to the school office and that the medication must be kept in the school office unless medication is a rescue medication (i.e. inhaler, Epi-pen...). I will ask my pharmacist to make a separate prescription bottle for the school which correctly states the name of the student, the name of the medication, the name of the prescriber, and the directions for taking the medication.

I understand that this form must be signed by the prescribing physician. I understand that a new permission form must be signed by the parent and physician, and that a new prescription bottle must be presented at the beginning of each school year and anytime during the year that the medication, dose, or time is changed.

I, the parent/guardian, authorize the school to supervise my child in taking the medication and agree that I will not hold liable any member of the school staff who is directed by a school administrator to supervise my child in taking said medication. I further agree that the school personnel may contact the prescriber as needed and that medication information may be shared with school personnel on a need-to-know basis.

Parent/Guardian Signature

Date

School Nurse Signature

Date

Physician Signature*

Date

*Physician signature is required if a prescription medication is to be used at the school, or if an over the counter medication is required for use more than 5 consecutive days.