Permission to Administer *Nonprescription* Medication

If your child needs medication during school hours, please fill out the permission form below. To be able to administer nonprescription medication to a student, the parent/guardian must provide a ***container with the child's name, name of medication, dosage, and specific directions for administration.*** Please note that we cannot administer medication without this information.

Child's Name _____ Birth Date _____

Address _____

Instructions: _____

Name/Type of Medication: _____

I hereby give permission for my student's teacher, the administrative assistant, or the administrator to administer medication to my child and to exchange information with my child's physician.

Parent Signature: _____ Date: _____

Permission to Administer *Prescription* Medication

I hereby request and authorize the school administrator, or her designee, to administer the following prescription medication to my child while attending school, a field trip, or a summer program.

Child's Name (print) _____ Birth Date _____

Name of Medication: _____

Diagnosis: _____

Reason for medication to be given at school: _____

Dosage to be given _____ Frequency/Time to be Given _____

Possible Side Effects_____

Physician's Name (print)_____ Physician's Phone #_____

Physician's Signature_____ Date _____

I hereby request and authorize the school administrator or his/her designee to administer the above medication to my child and I release school personnel from liability should adverse reactions or injury result from the administration of the medication.

Parent/Guardian's Name (print) _____

Parent/Guardian's Contact # _____

Parent/Guardian's Signature_____ Date _____