

# MEDICATION PERMISSION FORM

## FOR ALL STUDENTS IN GRADES K-5

Student name \_\_\_\_\_ Grade level \_\_\_\_\_

### Permission for the administration of over-the-counter medications during school attendance.

I give my permission for authorized school personnel to administer over-the-counter medications/treatments to the above named student for minor discomforts and injuries. I understand that these medications will NOT be given for fever.

Please initial all the following to allow authorized personnel to give:

\_\_\_\_\_ Cough drops

\_\_\_\_\_ Acetaminophen (equivalent for Tylenol)

\_\_\_\_\_ Ibuprofen (Junior Strength Advil, Motrin or equivalent, if provided by student)

Note: Stock bottles of acetaminophen and cough drops are provided in each building. If students bring any over-the-counter medication from home, it must be in the original container and be clearly labeled with child's name. For students under age 12, ibuprofen will be given only when Junior Strength is provided by the student according to the above guidelines. Otherwise, acetaminophen will be provided.

I understand that any school employee who administers any of the above medications, in accordance with the prescription and/or over the counter directions, to my student shall not be liable for damages as a result of an adverse reaction suffered by the student due to this administration. **I further acknowledge that the above student has taken the medication(s) previously (or the initial dosage) and has experienced no adverse reactions.**

Parent/legal guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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### Permission for the administration of prescription medications during school attendance.

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Date of initial dose: \_\_\_\_\_

Reason for Rx: \_\_\_\_\_

Time of day Rx to be given: \_\_\_\_\_ Anticipated duration of Rx at school: \_\_\_\_\_

Physician comments:

Physician signature\* \_\_\_\_\_ Date \_\_\_\_\_

Parent/legal guardian signature\* \_\_\_\_\_ Date \_\_\_\_\_

*\*REQUIRED for all students in grades K-12 in order to authorize the dispensal of above prescription medication(s) at school.*

Note: Any prescription medication is to be brought to school in the original container appropriately labeled by the pharmacy stating:

1. Name of the student
2. Name of medication
3. Dosage and time to be administered
4. Number of days to be administered
5. Current prescription date

**(Both sides of this form must be completed.)**