

# WARREN COUNTY PUBLIC SCHOOLS

## Permission Form for Prescribed Medication

**TO BE COMPLETED BY SCHOOL PERSONNEL**

Student: \_\_\_\_\_ School: \_\_\_\_\_ School Year: \_\_\_\_\_

Student age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom/Classroom: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

Name of medication: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Form of medication/treatment:

Tablet/capsule    Liquid    Inhaler    Injection    Nebulizer    Other \_\_\_\_\_

Instructions (Schedule and dose to be given at school): \_\_\_\_\_

Start:            Date form received            Other, as specified: \_\_\_\_\_

Stop:            End of school year            Other date/duration: \_\_\_\_\_

For episodic/emergency events only

Restrictions and/or important side effects:            No restrictions

Yes. Please describe: \_\_\_\_\_

Special storage requirements:    None            Refrigerate            \_\_\_\_\_

Other: \_\_\_\_\_

Physician's Name \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_ Address: \_\_\_\_\_

**TO BE COMPLETED BY PARENT/GUARDIAN**

I give permission for (name of child) \_\_\_\_\_ is to receive the above stated medication at school according to standard school policy. I release the \_\_\_\_\_ School Board and its employees from any claims or liability connected with its reliance on this permission.

(Parent/guardians to bring the medication in its original container.)

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Date: _____	Number of pills received: _____	Initials: _____
Date: _____	Number of pills received: _____	Initials: _____
Date: _____	Number of pills received: _____	Initials: _____
Date: _____	Number of pills received: _____	Initials: _____
Date: _____	Number of pills received: _____	Initials: _____
Date: _____	Number of pills received: _____	Initials: _____
Date: _____	Number of pills received: _____	Initials: _____

I/we acknowledge receipt of this Physician's Statement and Parent Authorization:

\_\_\_\_\_ School Personnel Signature