



Prescription Medication Permission Form

From: Office of the School Nurse

Any medication will be administered by authorized school personnel. Please be aware that there is NOT a nurse on the premises on most school days. All meds must be presented to school personnel in the original bottle, clearly labeled with the medication name, dosage, and frequency. The student may carry Asthma inhalers and epi-pens with a medical order. The student must demonstrate the ability to safely and accurately administer the inhaler and/or epi-pen.

Parent/Guardian Information

Name: _____

Address: _____

Email: _____ Phone: _____

Student Information

Student Name: _____ Grade: _____

Parent/Guardian complete this section:

I hereby request and authorize authorized school personnel to give _____
(student name)

(medication) (dosage) (frequency) (time)

the above-listed medication as prescribed by Dr. _____. I give permission to the school nurse to consult my child's healthcare provider with any concerns about medication-related issues, and I release school personnel from liability should reactions result from the medications.

Parent Signature: _____ Date: _____

Physician complete this section:

I prescribe _____
(medication) (dosage) (frequency) (time)

to be administered to _____ by school personnel during school hours for
(student name)

(reasons)

Physician's Name: _____ Practice: _____

Address: _____ Phone: _____

Physician Signature: _____ Date: _____