



PERMISSION FOR ADMINISTERING MEDICATION AT SCHOOL

PRESCRIPTION medications require written instructions from a physician **and** written permission from the parent or guardian.

NON-PRESCRIPTION medications require only written permission from the parent or guardian. **Students may not self-administer prescription medicines for pain, psychiatric medicines, or medications used in the treatment of learning disorders.**

Physician Instructions: This requirement is met by bringing the medicine to school in **the original pharmacy container labeled with the child's name, dosage, and frequency to be given.**

Written Parental Instructions: This requirement is met by providing the following information:

Child's Name _____ Birthdate _____

Name of Medicine _____ Frequency _____

Pharmacy Name _____ Prescription Number _____

Physician's Name _____ Physician's Phone _____

Medical condition for which this treatment is given _____

Dates to be administered _____

Time to be administered _____

Parent/Guardian signature _____ Date _____

----- OFFICE USE ONLY -----

DOSAGE LOG

Date	Time	Notes

Staff signature _____ Initials _____ Staff signature _____ Initials _____

Staff signature _____ Initials _____ Staff signature _____ Initials _____