

Medication Permission Form

Staunton, Augusta County, Waynesboro Public Schools

NOTICE TO PARENTS: The parent/guardian must bring medication to school in a container that is appropriately labeled by the pharmacy or physician.

| | | |
|---|-------------------|-----------------------------|
| Name of student (last, first, MI): | Attending School: | Date of Birth (mm/dd/yyyy): |
| Relevant Diagnosis: | | Medication: |
| Dosage: | | Time of administration: |
| Route of Administration and Instructions: | | |
| Adverse Reactions (if any): | | |
| Asthma/Diabetes/Anaphylaxis Only: This student is both capable and responsible for self-administering this medication: <div style="text-align: center;"> <input type="checkbox"/> No <input type="checkbox"/> Yes, Supervised <input type="checkbox"/> , <input type="checkbox"/> Unsupervised <input type="checkbox"/> </div> <div style="text-align: center;"> This student may carry this medication. <input type="checkbox"/> No <input type="checkbox"/> Yes </div> | | |
| Start Date: | | End Date: |
| Physician/Nurse Practitioner/Dentist's Name: (Print) | | Phone Number: |
| Physician/Nurse Practitioner/Dentist's Signature: | | |

PARENT/GUARDIAN: I hereby give permission for the school to administer the medication as prescribed above. I also give permission for the school to contact the above health care provider regarding the administration of this medication.

| | |
|-----------------------------------|-----------|
| Signature-Parent/Guardian | Date: |
| Home Phone Number-Parent/Guardian | Phone # : |

GUIDELINES FOR PRESCRIBING MEDICATIONS TO BE ADMINISTERED TO STUDENTS DURING THE SCHOOL DAY

We welcome your support in providing services to our students. When prescribing medications for school age children, kindly consider the following requests and policies:

1. Whenever possible, avoid prescribing medication for administration during school hours, especially medications to be administered for a short period of time.
2. Schools are required to have appropriately labeled pharmacy/physician containers. These will be kept under lock and key in the school clinics.
3. Any change of prescription requires a new written order from the prescribing physician.
4. Students are not allowed to transport medication on their person to and from school.

This form is only applicable to the medication prescribed above and only good for the current school year. A Separate form is required for each medication.

(medpermisform)