

Dear Parent or Guardian:

When your physician decides it is necessary for your child to receive medication during the school day, the approval and specific directions must be provided to the school. It is recommended that the first doses of medication be administered at home.

It is against school policy for students to transport medication to school. The parent or designated adult must bring the medication to the school in the original or a duplicate box or bottle with the current prescription label on the container. Upon request your pharmacist can provide duplicate labeled bottles for school/home use. The school nurse may be in contact with your physician with any questions pertaining to the orders.

Please take this form to your physician and have the instructions recorded regarding the administration of your child's medication.

\_\_\_\_\_

PRINCIPAL

\_\_\_\_\_

SCHOOL NURSE

I hereby give my permission for the nurse or designated school personnel to administer medication during the school day to my child.

\_\_\_\_\_

Student's Name

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian Name

\_\_\_\_\_

Parent or Guardian Signature

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**PHYSICIAN'S INSTRUCTIONS FOR GIVING MEDICATION IN SCHOOL**

**Completed by Physician**

Name of Student: \_\_\_\_\_ DOB: \_\_\_\_\_

Date of Order: \_\_\_\_\_

Name of Medication: \_\_\_\_\_

Dosage: \_\_\_\_\_

Time and circumstances of administration at school: \_\_\_\_\_

Can a reaction be expected? \_\_\_\_\_ If so, describe: \_\_\_\_\_

Length of time this medication is required: \_\_\_\_\_

\_\_\_\_\_

Physician Printed Name

\_\_\_\_\_

Physician Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Phone Number

**THIS FORM IS TO BE RETURNED TO THE SCHOOL LISTED ABOVE**

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