

## PERMISSION TO GIVE MEDICATION AT SCHOOL

Dear Parent/Guardian:

The Hainesport Elementary School District requires that all students who need medication during school hours must do the following:

1. Present a doctor's note stating the name of medication, dosage, diagnosis and length of time of medication is to be given.
2. Present a written consent form signed by the parent/guardian.
3. Parent/Guardian must bring the medication to school in the original labeled package.

**NAME OF STUDENT:** \_\_\_\_\_

### TO BE COMPLETED BY PHYSICIAN

Diagnosis or Illness: \_\_\_\_\_

Name of Medication and Dosage: \_\_\_\_\_

If Liquid ( mg/tsp): \_\_\_\_\_

Specific Time(s) and Dose(s) to be given at school: \_\_\_\_\_

Possible Side Effects: \_\_\_\_\_

Length of Time: \_\_\_\_\_

Are there any restrictions?    Yes \_\_\_\_\_    No \_\_\_\_\_    If yes, what and how long? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
*Physician Name*  
(printed)

\_\_\_\_\_  
*Signature of Physician*

\_\_\_\_\_  
*Date*

Physician's/Provider's Stamp:

### TO BE COMPLETED BY PARENT

As the parent/legal guardian of the student listed above, I authorize the school nurse to administer this medication during school hours as prescribed. I understand that all medication must be brought to school with the written prescription on the container. Over the counter drugs must be sent in their original container. No medication will be given without the written permission of the physician and the parent/legal guardian. Permission must be renewed each school year.

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Phone Number*