SCHOOL HEALTH SERVICES
Permission for Medication

For school use:
Routine
PRN
Start Date: _________

A parent or guardian should administer medications before or after school hours when possible. Initial doses of a medication that a child has never taken before should not be given at school. Medication to be given at school must be accompanied by this form,

______________________________ ______________ ____________
Name | Date of Birth | Grade

Medication:	Dosage:	Route:
Purpose of Medication:		
Time of day medication will be given at school:	Frequency: (e.g. daily)	Allergies to food, medicines, or other items? ☐NO ☐YES **List allergies:**
Anticipated number of days medication will be given at school: ☐Until the end of the current school year ☐______weeks ☐______days		Is this medication a controlled substance? ☐NO ☐YES
Possible Side Effects:		

Health Care Provider Authorization

ICD-10 DIAGNOSIS CODE: ___________

REQUIRED for all prescription medications and required for over-the-counter medications and herbal/alternative medicinal products when request differs from instructions as stated on original

:	Date:
	Office Phone Number:
	Office Fax Number:

Parent Authorization

I give permission for my child to be given the above medication as prescribed. I give permission for the school nurse or school administrator to contact the health care provider named above or the pharmacist who filled the prescription to discuss this health care provider named above, the pharmacist, and/or their designated employees to provide information about this medication administrator. I understand that the school has a written medication policy and by signing below, I agree to adhere to it. I will not hold the school, school district, or school personnel liable for any adverse drug reactions when the medication is administered according to the prescribed methods. I will notify the school if my s medications change.

______________________________ ______________
Signature of Parent/Guardian | Date

______________________________ ______________
Print or Type Name of Parent/Guardian | Phone Number

SH 2022