



3000 West School House Lane • Philadelphia, Pennsylvania 19144 • 215-844-3460 • www.penncharter.com

Health Office

### Permission to Administer Medication in School

Medications will be administered in school when there is specific written permission from the parent and the health care provider. The medication must be delivered in the original labeled container to the health office by the parent accompanied by this completed form.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Medication Name & Dose: \_\_\_\_\_

Route of Administration: \_\_\_\_\_

Time of Administration: \_\_\_\_\_

Duration of Administration: \_\_\_\_\_

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

Other instructions: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Signature of Prescribing Physician: \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_