



## Medication Permission Form

Student Name \_\_\_\_\_

Grade \_\_\_\_\_

The school nurse is permitted to give medication to your child only with signed permission from your child's physician. If you want your child to receive any prescription or non-prescription medications during school hours or on field trips, please complete this form, signed by a physician and return it to school. A new form must be filled out each year.

**Non-Prescription Medications:** The following over-the-counter medications are provided by the school: Acetaminophen, Ibuprofen, Benadryl, Cough Drops, Tums, and Antibiotic Ointment, but only with a physician's signature. If other medication is necessary, for instance occasional cold medicine, please list it below and supply it to the nurse. We will accept a faxed note or script from the MD. Please know that the school nurse will contact a Parent/Guardian when it is necessary to administer medication.

### Over-the-counter

Medication	Check	Dose (please specify) as directed on medication
Tylenol/Acetaminophen		
Motrin/Ibuprofen		
Benadryl		
Tums		
Eye Drops		
Antibiotic Ointment		
Seasonal Allergy Medication		
Cough Drops		

### Prescription Medications:

_____	_____	_____	_____
Name of Medication	Dosage	Date to be given	Time to be given

_____	_____	_____	_____
Name of Medication	Dosage	Date to be given	Time to be given

Reason for medication:

\_\_\_\_\_

**PHYSICIAN SIGNATURE:** The above-named student has permission to receive medications as listed above at school or on field trips by designated school staff.

Physician's Name (please print) \_\_\_\_\_

Telephone \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Date \_\_\_\_\_

**PARENT CONSENT:** My child has permission to receive medications as listed above at school or on field trips.

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

Date \_\_\_\_\_

My child has permission to carry an inhaler/Epi-pen to school or sports and to self-medicate. (check if applicable)