



# Permission to Administer Medication

All prescription and nonprescription medication must be kept in its appropriately labeled original container and packaging. Medication must be delivered directly to the MSB office along with this form fully completed.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Classroom/Teacher: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_ Amount Counted: \_\_\_\_\_ Staff Initial: \_\_\_\_\_

Reason for Administration: \_\_\_\_\_

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ *or* Emergency/As Needed Use Only

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_ Route: Oral Nose Eye Topical

Storage: Refrigerated Room Temp Special Instructions: \_\_\_\_\_

## For Use of an Epi-Pen

Allergic to: \_\_\_\_\_

Please list any signs of allergic reaction: \_\_\_\_\_

## For Use of an Inhaler

Allergic to: \_\_\_\_\_

Please list any symptoms requiring use of inhaler: \_\_\_\_\_

\_\_\_\_\_  
sign sign date

\*Please note medication not picked up by the parent/guardian at the end of the school year or within five business days of the end of the medication period, whichever is earlier, will be disposed of by designated school staff in a non-recoverable fashion.

