

Policy:		File:		
Permission for Medication		JLCD-E		
Adopted:			n:	
		Januar	•	
	, grad		_ ask that school/ch	ild care staff at
Strasburg School District give the	-			at
	child, according to hea	alth Care	Provider's signed in	nstruction on the
lower part of this form.				
It is understood that the medication the undersigned parent or guardiant service by the school nurse or other parent or guardian hereby agrees to claim which they now have or may consequences of the medication.	n. In consideration of er designee employed to release the Strasbu hereafter have arisin	f the acc I by the S org School ng out of	ceptance of the requestrasburg School District and its perside effects or other	est to perform this trict the undersigned sonnel from any lega r medical
Prescription medications must con medicine is to be given, dosage, ro Provider's name. Pharmacy name	ute, date medicine is	to be st	opped, and licensed	Health Care
Over the counter medication must Care Provider's authorization, and			-	_
The school/child care agrees to ad Provider with perspective authorit one week of notification by staff. A most current state regulatory reco	y. The parent agrees tall medications(s) left	to pick u at the so	p expired or unused chool will be discard	medication within
By signing this document, I give po about the administration of this n				
Parent/Legal Guardian's Name	Parent/	 Legal G	uardian's Signature	 Date
Work Phone	Alterna	tive Pho	ne	
********	******	*****	******	*******
	Health Care Provide	r <b>Autho</b> r	ization	
Child's Name:			Birth Date:	
Medication:	Dosage:		Route:	

To be given at the following	Start Date:	End Date:	
times:			
Special Instructions:			
Purpose of Medication:			
Side Effects to be reported:			
Signature of Health Care Provider with Prescriptive Authority		Date	
		J	
Print Name of Health Care Provider		Phone & Fax Number	
Signature of Child Care Health Consultant or School Nurse		Date	

Issue Date: 01-10-2023