



**Fort Mill School District #4  
Permission for School Administration  
Of All Medications**

For School Use Only:

Routine

PRN

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

Teacher: \_\_\_\_\_

When possible, medications should be given to students before or after school by the parent or guardian. Over the counter medications may only be given within the limits and according to the instructions printed on the container or the package insert. Medications should be provided and transported to and from the school by the parent or guardian in the original container. Please note that the school district may reject requests for certain medications to be given at school.

Please complete a separate form for each medication to be given at school. If the medication is to be given to more than one of your children, please complete a separate form.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Grade

Is your child allergic to any food, medicines, or other items? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, list allergies)	
Name of Medication:	
Specific Reason for medication:	Check appropriate box: <input type="checkbox"/> # of days to administer _____ <input type="checkbox"/> Until end of school year
Amount/Dose of medication to be given:	Time of day medication to be given at school:

Child's Health Care Provider's Name and Address (please print):	Office Phone Number:
	Office Fax Number:
Provider Signature : ( Prescription medications ONLY)	

I give permission for the medication noted above to be given to my child during the school day. I give permission for the school nurse or designated school official to contact the health care provider named above to discuss this medication and my child's health. I give permission for the health care provider named above or his/her designated employees to provide information about this medication and my child's health to the school nurse or designated school official. I understand that I am responsible for notifying the school if any of my child's medications change.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Work/Cell Telephone Number

\_\_\_\_\_  
Email address