

# EASTERN CENTER FOR ARTS AND TECHNOLOGY

## PERMISSION FOR ADMINISTRATION OF MEDICATION IN SCHOOL

For the school nurse to administer prescription or over the counter medication in school, this form must be completed and returned to the school nurse with the medication. The medication must be in the original container and labeled with your child's name, medication name, date, dosage and time to be administered.

Student's name: \_\_\_\_\_

Grade: \_\_\_\_ Program: \_\_\_\_\_ AM or PM

Medication: \_\_\_\_\_ Dose: \_\_\_\_\_

(Inhalers, Epi-pens, Insulin pumps and Insulin injections require action/treatment plans)

Time to be given: \_\_\_\_\_ Length of time: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Health care provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Permission to carry Inhaler: YES NO Health care provider signature: \_\_\_\_\_

Permission to carry Epi-pen: YES NO Health care provider signature: \_\_\_\_\_

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Permission for School Nurse to administer Over the Counter:

Acetaminophen: YES NO

Ibuprofen: YES NO

Antacid: YES NO

