

# Prescription Medication Permission Form

This form is to be downloaded, printed, and taken to the student's physician for a signature. Return the completed form to your student's school, in order to give the district permission to administer prescription medication at school.

**Permission for the administration of prescription medications during school attendance:**

Student name: \_\_\_\_\_ Student grade level: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

Reason for Rx: \_\_\_\_\_

Time of day to be given: \_\_\_\_\_

Anticipated duration of Rx at school: \_\_\_\_\_

Physician comments: \_\_\_\_\_

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician name (printed): \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent/legal guardian signature\* \_\_\_\_\_ Date: \_\_\_\_\_

**\*The signature of a parent or legal guardian is required** for all students in grades preK-12, in order to authorize school personnel to dispense prescription medication(s) at school.

## RELEASE OF INFORMATION

With my signature above, I also hereby authorize the mutual release and disclosure of information regarding: medication and/or medical records (optional) between health care provider: \_\_\_\_\_ and the Eudora School District. I understand that the information disclosed will be treated in a confidential manner.

Note: Any prescription medication must be brought to school in the original container appropriately labeled by the pharmacy stating:

1. Name of the student
2. Name of the medication
3. Dosage and time to be administered
4. Number of days to be administered
5. Current prescription date