

Medication Administration Parent/Guardian Permission

I hereby order the administration of the following medication in the dosage described and at the times indicated:

Student name: _____

Medication: _____

Dosage: _____

Frequency (please circle one): Morning Lunch As needed Other _____

Under no circumstances should a student have a prescription or over the counter medication in their backpack/purse unless the nurse has an order from a physician. (ex. Inhaler or epi pen) Medication should be brought to the office immediately upon arrival at school. Disciplinary consequences may occur if students have medications that are not signed in to nurse. Many prescription medications are narcotics and can be dangerous to other students.

Parent/Guardian Signature: _____

Date: _____

Nurse Signature: _____

Date: _____