



Medication Permission Form

Student Name _____

Grade _____

The school nurse is permitted to give medication to your child only with signed permission from your child's physician. If you want your child to receive any prescription or non-prescription medications during school hours or on field trips, please complete this form, signed by a physician and return it to school.

***A new form must be filled out each school year.

Non-Prescription Medications: The following over-the-counter medications are provided by the school: Acetaminophen, Ibuprofen, Benadryl, Cough Drops, Tums, and Antibiotic Ointment, but only with a physician's signature. If other medication is necessary, please list it below and supply it to the nurse. We will accept a faxed note or script from the MD. Please know that the school nurse will contact a Parent/Guardian when it is necessary to administer medication.

Over-the-counter

Medication	Check	Dose (please specify) as directed on medication
Tylenol/Acetaminophen		
Motrin/Ibuprofen		
Benadryl		
Cough Drops		
Tums		
Antibiotic Ointment		
Seasonal Allergy Medication		
Eye Drops		

Prescription Medications:

_____	_____	_____	_____
Name of Medication	Dosage	Date to be given	Time to be given

_____	_____	_____	_____
Name of Medication	Dosage	Date to be given	Time to be given

Reason for medication:

PHYSICIAN SIGNATURE: The above-named student has permission to receive medications as listed above at school or on field trips by designated school staff.

Physician's Name (please print) _____

Telephone _____

Physician's Signature _____

Date _____

PARENT CONSENT: My child has permission to receive medications as listed above at school or on field trips.

Parent/Guardian Signature _____

Date _____

My child has permission to carry an inhaler/Epi-pen to school or sports and to self-medicate. (check if applicable)