

PERMISSION FORM FOR PRESCRIBED MEDICATION

CIRCLE SCHOOL BUILDING:

Gaylord High School Gaylord Middle School Gaylord Intermediate School North Ohio Elementary South Maple Elementary

Date form received by the school: _____

Student's Name: _____ DOB: _____

Grade: _____ Teacher/Classroom: _____

To be completed by the physicians or authorized prescriber

Name of Medication Name: _____

Reason for medication (OPTIONAL) _____

Form of medication/treatment:

___ Tablet/Capsule (Prescription) ___ Liquid ___ Inhaler ___ Injection ___ Nebulizer ___ Epi-Pen ___

Instructions (Schedule, route, and dose to be given at school): _____

Procedure for missed dosage: _____

Start Date: _____ End date: _____

Restrictions and/or important side effects:

___ None anticipated ___ Yes, please describe: _____

Special storage requirements: ___ None ___ Refrigerate ___ Other _____

This student is both capable and responsible for self-administering this medication:

___ No ___ Yes-Supervised ___ Yes-Unsupervised

This student may carry this medication ___ No ___ Yes (**ONLY: Inhaler, injections, nebulizer, epi-pen.**)

Physician Name: _____ Address: _____

Physician Signature: _____ Date: _____ Phone: _____

To be completed by parent/guardian:

I request that (name of child) _____ receive the above medication at school according to standard school policy.

I request that (name of child) _____ be allowed to self-administer the above medication at school according to standard school policy.

- I will notify the school immediately if there is any change in use of the medication or the prescribed treatment.
- I will assume responsibility for safe delivery of the medications to school.
- I assume responsibility if my student shares medication with any other person.
- I release and agree to hold the Board of Education, its officials, and its employees harmless from and all liability foreseeable or unforeseeable for damages or injury resulting directly or indirectly from this authorization.

Parent/Guardian Signature: _____ Date: _____ Relationship: _____