

Lafayette School Corporation
Health Services

PARENT AND PHYSICIAN PERMISSION FORM FOR ADMINISTRATION OF MEDICINE AND PROCEDURES

STUDENT _____	DOB _____	SCHOOL _____
ADDRESS _____	PHONE _____	

PARENT OR GUARDIAN AND PHYSICIAN: To be able to give medication(s) and / or administer procedure(s) at school the following criteria must be met:

- Written permission and specific order information is required from Parent or Guardian and from the Physician if it is a prescription
- Medication must be provided in a current pharmacy-labeled container for prescription medications and a manufacturer label for over the counter medications.
- Procedure equipment should be provided by parent / guardian- or special arrangements should be made with the School Nurse.

MEDICATIONS NEEDED AT SCHOOL

MEDICATION	STRENGTH	DOSE	ROUTE	TIME(S)	START/END	MED REASON	COMMENTS

HEALTH CARE PROCEDURES NEEDED AT SCHOOL

PROCEDURE:	PROCEDURE INSTRUCTIONS:	TIME(S)	START / END
<input type="checkbox"/>			
<input type="checkbox"/>			

PARENT/GUARDIAN SIGNATURE

I give permission to the school staff to administer the above specified medication(s) and / or procedure(s) to my child.
I give permission to the school staff to contact my physician if there are any concerns or questions about my child.

INSTRUCTIONS FOR HALF DAYS: Give my child his lunch medication before dismissal YES _____ NO _____

ADDITIONAL INFORMATION _____

PARENT /GUARDIAN SIGNATURE _____ **DATE** _____

PHYSICIAN SIGNATURE

The medication(s) / procedure(s) noted above are to be administered to this student at school as stated above.

ADDITIONAL INFORMATION _____

PHYSICIAN SIGNATURE _____ **DATE** _____

School Nurse: _____ School: _____ Phone: _____ FAX _____

2-2008

Please sign and return this form to School Nurse at FAX or Address above. Please call School Nurse to discuss question or concerns.