Prescription Medication Permission Form

Student Name: **Student DOB:**

To be completed by Parent/Guardian

- Medical Permission forms must be updated and resubmitted to the clinic before the first day of classes each school year. If a medication dose or administration time changes, the parent/guardian is responsible for updating and obtaining new authorization before submitting it to the Oakwood clinic.
- **Prescription Medication, including refills, must arrive at the clinic in the new, unexpired, container directly from the pharmacy.** We recommend you request the pharmacist split the medication into two bottles (one for home and school).
- Authorized Oakwood staff members will not administer medication outside of the framework of the documented recommendations authorized for use by a licensed prescriber.
- In the event a medication expires during the school year, a parent/guardian will be notified and must pick up the expired, unused, portion of the medication. Medication that is not claimed will be destroyed in accordance with FDA regulations and recommendations.

Please document the most recent date this medication was administered: ________________ Initial:__________

(Oakwood policy states that the first dose of any medication must be given at home and a student should be monitored to determine there is no adverse reaction).

I, ________________________________, the parent/legal guardian of ________________________, request that the school medication administrator (or designees) administer the following medication to my child during the school hours at the times and dosage indicated. **I agree to provide the medication in the original container supplied by the pharmacy with the label intact.** I understand and accept that Oakwood School staff are not responsible for any effects of the medication administered to my child.

Parent/Guardian Signature:____ Date: ______________

To be completed by the Licensed Prescriber:

I certify that, in my opinion, it is medically necessary that the medication listed below be administered to ______________________ during school hours and that this medicine may be administered by school personnel.

Medication:____ Reason: ____________________________

Dosage:_________________________________ Route:________________________ Time: ____________________

Duration: ☐ 2024 – 2025 School Year Regular Schedule ☐ 2024 – 2025 School Year as Needed

Licensed Prescriber Signature:____ Date: __________

The following is to be completed by authorized Oakwood Staff at medication intake:

☐ Both sections completed & signed
☐ Student Name matches
☐ Original Packaging

Date	Count	Parent	Staff	Date	Count	Parent	Staff

Medication Pickup Process: