

This form must be completed for any medication that needs to be administered at school. This includes over the counter and prescribed medications.

PRSD 8.17

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## MEDICATION PERMISSION FORM

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### PINE-RICHLAND SCHOOL DISTRICT

Date form received by the school: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth/Age: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher/Classroom: \_\_\_\_\_

**To be completed by the physician or authorized prescriber.**

Name of Medication: \_\_\_\_\_

Type of Medication:  Inhaler  Epinephrine  Diabetic Supplies/Medication  Glucagon

Instructions (Schedule/Dose/Reason to be given at school):

\_\_\_\_\_  
\_\_\_\_\_

Restrictions and/or important side effects:  None anticipated.

Yes. Please describe \_\_\_\_\_

**For inhaler, epinephrine, & diabetic supplies/medication only (complete additional form if student carries more than one medication and has different permissions for each)**

This student may carry this medication:  Yes  No

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

No  Yes-Supervised  Yes-Unsupervised (Pending decision of Nurse)\*\*\*

Signature: \_\_\_\_\_ M.D./D.O. Date: \_\_\_\_\_

(Physician's Signature)

Physician's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**To be completed by parent/guardian:**

I give permission for (name of child) \_\_\_\_\_ to receive the above medication at school according to standard school policy.

\*\*\*If the above medication is to be carried and self-administered by the above named child, I acknowledge that the school bears no responsibility for ensuring that the medication is taken, and I relieve the school district and its employees of responsibility for the benefits or consequences of the prescribed medication. I am aware that any improper use/sharing of the above mentioned medication will result in immediate confiscation of the medication and loss of the privilege to self-administer.

**Our school district requires parent/guardians to bring the medication in its original container.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_