

EXP: _____
Registered On: _____
Entered IC: _____

Prescribed Medication Permission Form, Including Asthma

School: _____ Date form received by the school: _____
Student: _____ Date of Birth, or age: _____
Grade: _____ Teacher/Classroom: _____

Medication must be in original container when presented to school.

To be completed by the physician or authorized prescriber:

Reason for medication: _____
Name of medication: _____
Prescribed dosage: _____ Time of day for dosage: _____
Form of medication/treatment:
☐ Tablet/capsule ☐ Liquid ☐ Inhaler ☐ Injection ☐ Nebulizer ☐ Topical ☐ Other _____
Possible reactions or side effects of medicine: _____

Start: ☐ Date form received ☐ Other date: _____

Stop: ☐ End of school year ☐ Other date/duration: _____

☐ For episodic/emergency events only

Restrictions and/or important effects: ☐ None anticipated ☐ Yes Please describe _____

Special storage requirements: ☐ None ☐ Refrigerate ☐ Other: _____

This student may carry this medication: ☐ Yes ☐ No ☐ Only for transportation: _____

Student has asthma and has been instructed in self-administration of asthma medications. ☐ Yes ☐ No

This student is both capable and responsible for self-administering this medication: (to be completed for asthmatic, diabetic, or severe allergic reaction (anaphylaxis ONLY)). ☐ No ☐ Yes, supervised ☐ Yes, unsupervised

Please indicate if you have provided additional information: ☐ On the back side of this form ☐ As an attachment

Date: _____ DR/NP/PA Signature: _____

PHYSICIAN NAME: _____

ADDRESS: _____

OFFICE: _____ FAX: _____

To the school: Please report concerns about medications or disease to the above physician.

To be completed by parent/guardian:

I give permission for (student name) _____ to receive the above medication at school according to Hancock County School District policy.

Signing this form shall release the Hancock County School District and its employees from any claims or liability connected with its reliance on this permission and agree to indemnify, defend and hold them harmless from any claim or liability connected with such reliance.

Date: _____ Signature of parent/guardian: _____

Relationship to student: _____ Phone numbers: Home _____ CELL _____