

Medication Permission Request Form

To Parent or Guardian,

The Pitman School District requires that all students who need medication during school hours provide the following:

- 1. Written consent form signed by the parent or guardian.
- 2. Written consent form signed by the physician describing medication, dosage, and diagnosis.
- 3. Parent must bring medication in the original prescription container (properly labeled by a pharmacist) to school.

Name of Student _____ Grade _____

D.O.B. _____ School _____

To be completed by Physician:

Name of Medication: _____

Specific time(s) and dose(s) to be given at school _____

Reason for Medication _____

Duration for Medication _____

Restrictions _____

Printed Name of Physician

Signature of Physician

Date

Phone Number

To be completed by Parent:

I, _____, give permission for my child, _____
to receive the above medications dose(s) as directed by my physician.

Phone Number

Signature of Parent/Guardian

Date