

2024-2025 Medication Permission Form

(One Form for Each Medication)

I hereby certify that it is necessary for _____
(Full Name of Student)

Grade Level: _____ Date of Birth: _____

To be given the medication listed below **during the school day**, including when s/he is away from school property on official school business. Without this medication s/he will not be able to attend school.

Name of Medication: _____ Exp. Date: _____

Reason for Medication (Diagnosis) _____

Dosage to be Given _____ Route (mouth, injection, drops, etc.) _____

Time(s) of Administration _____ Allergies: _____

Beginning Date: _____ End Date: _____ Amount of Liquid or Count of Pills _____

Side Effects: _____

Special Instructions: _____

Emergency Telephone Numbers & Contact Information:

Parent/Guardian name: _____ Best contact phone number: _____

Email Address _____

Parent/Guardian name: _____ Best contact phone number: _____

Email Address _____

Doctor's Name: _____ Phone #: _____

Physician Signature (required if written prescription not included) _____

Prescription and non-prescription medication shall come in the original container and shall be labeled. **Changes in the medication times or dosage can only be made by written prescription from the physician**, which may be faxed to school health personnel (confidential fax # 245-3828). This permission form is valid for the current school year only.

It is understood by the undersigned that there shall be no liability for civil damages as a result of the administration of such medication where the person administering such medication acts as an ordinarily reasonably prudent person would have acted under the same or similar circumstances.

Parent/Guardian Signature

Date

Parents are requested to pick up any leftover medication with ONE WEEK after the ending date. Medication left after this time will be discarded.

- Please note that FSUS students are **not allowed** to carry their own prescription medication without written preauthorization from the physician, which must be attached to this form. *The exception to this rule is **asthma inhalers, Epi-pens, and Diabetic medicines**. Only this form is required in these cases.*
- Per school policy, students are **not allowed to carry ANY non-prescription medicines on their person**. All medicines (prescription and non-prescription) not listed in the above paragraph are required to be stored in the school clinic.
- By signing this form, you agree that you are aware that non-prescription medicines cannot be administered for more than 5 days from the signed date without written preauthorization from the physician.