

OXFORD SCHOOL DISTRICT

Prescription Medication Permission Form

- I. A doctor must complete Section A of the Medication Permission Form for medications prescribed:
1. On a daily basis.
 2. "As needed" for treatment of chronic illnesses.
 3. For treatment of emergencies.

- II. Parent/Guardian must complete Section B.

- III. **ALL MEDICATION MUST BE BROUGHT TO THE SCHOOL BY A PARENT/GUARDIAN IN THE ORIGINAL PACKAGING.**

SECTION A: PHYSICIAN'S ORDERS

Student's Name _____ School _____ Date _____

Medication _____ Dose _____ Time _____

For treatment of: _____

Adverse reactions expected: _____

Instructed on self-administration _____ Yes _____ No _____

Physician's Signature Print Physician's Name Telephone

SECTION B: PARENTAL/GUARDIAN CONSENT

Student: _____ School _____ Grade _____

Student's Date of Birth _____ Homeroom Teacher _____

Parent/Guardian _____ Home Phone _____

I hereby request and authorize you to allow my son/daughter to take:

Medication _____ Dose _____ Time _____

Start Date: _____ End Date: _____

All medications will be administered according to manufacturer's recommendations and may be administered for the duration of a valid prescription.

I release school personnel from liability should reactions result from this medication. I authorize a representative of the school to share information regarding this medication with the above doctor.

Parent/Guardian Signature

Date