

## RSU 63 MEDICATION PERMISSION FORM

Written Parent/Guardian permission must be obtained for each child when school personnel give medications. Any changes in medications, amounts, or times must be in writing also. Parent and/or nurse will obtain Doctor's signature if medication is to be given for longer than two weeks.

Please Read:

1. Parent/Guardian will bring medication to the office in **original** container, properly labeled by a pharmacist, with student's name, name of medication, dose, and how often to be given. Medicines sent in baggies, envelopes, etc. would **not** be given or sent home with student. RSU 63 cannot be responsible for frequency and appropriateness of self-administered medication.
2. Medications given 2 or 3 times a day can be scheduled before and after school and will **not** be given unless the doctor specifies a time in writing.
3. All medications will be kept in the office. Student may not transport medications on the bus. **Medications will not be sent home with students.** Exception: students may carry asthma inhalers and Epi-Pens only after demonstrating responsible use.
4. Over the counter medicines such as cough and cold syrups, are heavily discouraged unless part of a doctor's plan of care.
5. Medications left at school when the child is no longer taking them will be discarded.
6. This form gives permission for unlicensed trained personnel to give medications to your child.

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Student's Name	Date of Birth	Grade
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Name of Medication	Dose	Route	Time
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Reason for Medication: \_\_\_\_\_

Side Effects: \_\_\_\_\_

Date Medication will be stopped: \_\_\_\_\_

I, \_\_\_\_\_ give permission for my child to receive the above medication as directed. I give my permission for the school nurse to contact the below named physician regarding my child's medication.

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Parent/Guardian Signature	Telephone No.	Date
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Name of Physician	Signature of Physician	Date
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Form will be faxed to physician's office for signature