

Lake County Schools

Permission for Prescription Medication Administration

THIS FORM IS TO BE FILLED OUT ONLY IF YOUR CHILD WILL BE RECEIVING PRESCRIPTION MEDICATIONS WHILE AT SCHOOL. USE ONLY ONE PERMISSION FORM FOR EACH PRESCRIPTION MEDICATION. EXTRA CONSENT FORMS MAY BE PICKED UP AT YOUR CHILD'S SCHOOL.

Student Name: _____

Grade: _____

Name of Medication: _____

Dosage: _____

Date Prescribed: _____

Administration Instructions: _____

Pharmacy Name: _____ Pharmacy Telephone # _____

Discontinue Date: _____ Reason Needed: _____

Prescription medication must be brought to the school by the child's parent/guardian in the original pharmacy labeled container. The container must also display the above information.

Students are not allowed to carry any medication with them while at school or on the bus. All medications must be brought to the school nurse or front office by a parent or guardian. The only exception is an Epi-Pen or inhaler, which may be kept with the student after the Permission for Prescription Medication Administration form has been completed and signed.

As a parent/guardian , I understand that prescription medicine must be given during school hours only when it is absolutely necessary. I understand my child will self-administer the medicine with adult supervision.

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Phone Number: _____

Date: _____