

Permission for School Administration of Prescription Medication

Prescription medications are medicines that require a written prescription from a health care practitioner. In order for a child to be given a prescription medicine at school, the child's health care practitioner and the child's parent or guardian should sign a permission form. The parent or guardian signature will be provided on the same day the health care practitioner signs or signed after the date of the health care practitioner signature.

A permission form for prescription medicines is provided on the next page. Because the instructions for some medications require more space than is provided on the form, some health care practitioners may prefer to use a practice specific form.

Schools may have special rules for prescription medicines and may require parents or guardians to sign additional forms.

A responsible adult should deliver the medicine and the permission form to the school. The medicine must be in the original container with the label on it.

**Permission for School Administration of
Prescription Medication**

Richland County School District One

School Year: _____

For school use only:

☐ Routine

☐ PRN (As needed)

Start Date: _____

When possible, medications should be administered by the parent/guardian before or after school hours. The first dose of any medication that your child has not taken before will not be given during school hours. Prior to your child receiving any prescribed medications during the school day, this form must be completed with prescribing physician's signature and the signature of the parent/guardian for each medication. In order for the school nurse to comply with the medication order, the medication must be in its original labeled container by the pharmacy. If you receive "Sample" medications from your health care provider, the sample medications must be in a container that appropriately identifies the medication and your child.

By signing this form, the parent/guardian and health care practitioner acknowledge that information from this form may be included in the student's Individual Health Care Plan, if applicable.

Child's Name _____

Date of Birth _____

Name of School Child Attends _____

Grade _____

Is child allergic to any food, medicines, or other items? ☐ No ☐ Yes (List allergies.)

Medication:		Medical Diagnosis:	ICD-10 Code:
Dosage:	Route:	Frequency: (e.g., daily)	Time medication to be given at school:
Anticipated number of days medication will be given at school: ☐ until end of the current school year ☐ _____ weeks ☐ _____ days ☐ until end of Summer School for the current school year		Special storage requirements: ☐ None ☐ Refrigerate ☐ Other (please specify) Is this medication a controlled substance? ☐ No ☐ Yes	
Possible Side Effects:			

Prescribing Health Care Practitioner's Signature _____

Date _____

Stamp, Print or Type Health Care Practitioner's Name, and Address:

Office Telephone Number

Office Fax Number

The following section is to be completed by child's parent or guardian.

I give permission for my child, _____ to be given the above medication as prescribed. I give permission for the school nurse or school administrator to contact the healthcare practitioner named above or the pharmacist who filled the prescription to discuss this medication and my child's health. I give permission for the healthcare practitioner named above, the pharmacist and/or their designated employees to provide information about this medication and my child's health to the school nurse or school administrator. I also give permission for this form to apply if I transfer my child to another school in Richland County School District One during the current school year and Summer School. I will not hold the school, school district or school personnel liable for any adverse drug reactions when the medication is administered according to the prescribed method. I agree to notify the school if my child's medication changes or changes with my contact information.

Signature of Parent/Guardian _____

Date _____

Print or Type Name of Parent/Guardian _____

Day Telephone Number _____