



# 2025-2026 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 should pick up any leftover medication with ONE WEEK after the ending date. Medication left after this time will be discarded. For long term medication, please pick up on the last day of school. Leftover medication 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.