



John Bapst Memorial High School

100 Broadway, Bangor, ME 04401
Tel: 207-947-0313 Fax: 207-941-2474

Permission to Administer Medications at School

*This form must be completed annually. If your child is prescribed more than one medication, please fill out a separate form for each medication.

(Part 1 – to be completed by parent/guardian)

I request that my child be administered medicine in school in response to the licensed health care provider's request and information below, and in accordance with school policy. I realize that the medicine will be administered by the school nurse when available, but otherwise by unlicensed (non-medically licensed) personnel.

Student's Name: _____ DOB: _____

Signature of parent/guardian: _____ Date: _____

(Part 2 – to be completed by Licensed Health Care Provider)

Name of Medication: _____

Reason for medication: _____

Dosage: _____ Frequency to administer: _____

Possible side effects: _____

If applicable, this child may carry his/her: Inhaled Asthma Medicine ☐ Yes ☐ No

If applicable, this child may carry his/her: Epi-pen ☐ Yes ☐ No

Licensed Health Care Provider (printed)

Licensed Health Care Provider Signature

Date

Telephone

***** Please fax completed form to John Bapst School Nurse: 207-941-2474 *****