



Parent Permission to Administer Medication at School/School Sponsored Events

To Be Completed By Parent

Student Name: _____ **DOB:** _____

Grade: _____ **Teacher/HR:** _____ **School:** _____

I request the school nurse give the medication listed on this plan; or after the nurse determines my child can take their own medications; trained staff may assist my child to take their own medications. I will provide the medication in the original pharmacy or over the counter container. This plan will be shared with school staff caring for my child.

1. Name of Medication:

2. Name of Medication:

3. Name of Medication:

Parent/Guardian Signature: _____ **Date:** _____

Email: _____

Phone Where We Can Reach You: _____ **Check if Cell**

Medication Self-Direction of Student

Medication Name						
	Date	Initial	Date	Initial	Date	Initial
Identifies the correct medication (e.g, colors, shape)						
Identifies the purpose of the medication (e.g, improve attention)						
Determines that the correct dosage is being administered (e.g, one pill)						
Identifies the time the medication is needed during the day (e.g, lunch time)						
Describes that will happen if the medication is not taken (e.g, unable to complete work)						
Refuses to take medication is student has any concerns about its appropriates						

RN Signature: _____

DOCUMENTATION OF MEDICATION DELIVERED TO SCHOOL

Student Name: _____ **DOB:** _____

Medication: _____

Date: _____ Number of PILLS received _____

School Nurse Signature _____

Parent/Guardian Signature (if controlled substance) _____

Medication: _____

Date: _____ Number of PILLS received _____

School Nurse Signature _____

Parent/Guardian Signature (if controlled substance) _____

Medication: _____

Date: _____ Number of PILLS received _____

School Nurse Signature _____

Parent/Guardian Signature (if controlled substance) _____

Medication: _____

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School Nurse Signature _____

Parent/Guardian Signature (if controlled substance) _____

Medication: _____

Date: _____ Number of PILLS received _____

School Nurse Signature _____

Parent/Guardian Signature (if controlled substance) _____