



Capital School District
Parental Request/Permission to Have Medication
Administered in School and Field Trip



If it is **necessary** for your child to receive medication during the school day, please do the following:

- Medication must be brought to school by a parent, guardian or other responsible adult
- Send the medication in the original container. If a prescription, the container must be properly labeled with correct name, time, dose, date, and prescribing licensed healthcare provider.
- Count the tablets (unless the number of tablets is the exact number on the label) or approximate amount of liquid in the bottle.
- Pick up the medication from school at the end of the school year.

Date _____

Student's Name _____

Medication _____ Expiration Date: _____

Dose _____ Time _____

Reason for Medication _____

Allergies to any medications _____

Prescribing Physician _____

Number of tablets sent: _____ Number of Inhalers: _____ Number of Vials: _____ Amount of liquid: _____

Number of Epi-Pens: _____ Number of Nasal Sprays: _____ Number of _____: _____

I am aware that the school nurse may need to contact the prescribing healthcare provider or pharmacist relative to the medication/treatment and that he/she is required to use nursing judgment regarding all medication administration. I give my permission for medication administration by the school nurse.

Parent/Guardian Signature _____

Nurse's Signature _____

Number of _____ received _____

*I request that afternoon medications be held / administered (**circle one**) during half-days. Initials _____

Field Trip Permission

I give permission for a trained staff member to assist my child with self-administration of his/her medication on field trips during the _____ school year.

Guardian Signature _____

I verify that my child has been trained and can self-administer an Epi-pen in case of an allergic reaction while on a field trip (assistance provided by trained staff-member).

Guardian Signature _____

Capital School _____ Date _____

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