Spotswood Public Schools

Permission to Administer Medication

To meet the requirements of the Spotswood Board of Education Policy 5141.21, Administering Medication, this medication order form must be completed and signed by the health care provider. The parent/legal guardian's signature grants permission for the school nurse to administer the prescribed medication to the student. This completed form will be kept in the child's health folder. All medications must be kept in the original container. Only the school nurse or the parent/guardian may administer medication in school. Students who have a life-threatening condition and may require emergency usage of an inhaler or Epi-Pen must have an addition form completed.

Part I – To be completed by Health Care Provider

Student's Name _____ **Date** _____

Diagnosis _____

Medication _____

Dosage _____ **Time of Administration** _____

Side Effects _____

Please initial if medication dose may be skipped on school trips. _____

Health Care Provider Signature _____

Health Care Provider Name _____
(please print)

Telephone _____

Special Instructions _____

Part II – To be completed by Parent/Legal Guardian

Please check one:

_____To be given at home on half days _____To be given at school on half days

Parent/Legal Guardian Signature _____

***A new form must be submitted each school year.**