

Physician/Parent Medication Form

All prescriptive, non-prescriptive, homeopathic medications require written physician permission AND written parent permission to be on file in the health office.

The medication must be in original container.

All permissions must be renewed each year.

PHYSICIAN PERMISSION

Student _____ Grade _____

Medication _____ Dose _____

Time to be given _____

Reason/Diagnosis _____

Side effects/Reactions _____

The student is qualified to possess and able to self administer asthma inhaler medication.

The student is qualified to possess and able to self administer epinephrine injection.

Physician signature _____ Date _____

See attached note

PARENT/GUARDIAN PERMISSION

Student _____

Grade _____

Medication _____ Dose _____

The student may possess and self administer asthma inhaler medication with physician approval.

The student may possess and self administer epinephrine injection with physician approval.

Students are to notify the nurse when emergency medications are used. Sharing medications with other students will result in immediate confiscation of medication and the loss of privilege of possession and self-administration. The school is relieved of any responsibility for the benefits and consequences of the prescribed medication and bears no responsibility for ensuring that the medication is taken.

Parent/Guardian signature _____ Date _____

See attached note