



Permission to Administer Prescription or Non Prescription Medication

STUDENT'S NAME: _____ Age: _____ Grade: _____

Home Room Teacher: _____ Date of Birth: _____

Name of Medication: _____ Dosage: _____
(Milligrams, teaspoons, puffs, etc.)

Time to be given: _____ Medication Allergies? _____

Route: (Please circle one) By Mouth Inhaled Topical Rectal Injection

Start Date _____ Date to Discontinue _____

Possible reactions to this Medication _____

NOTES:

- ⇒ Medication will not be given without a signed written note. If your child brings medication without a note, an attempt will be made to reach a parent. If a parent cannot be reached, that medication will not be given.
- ⇒ Medication will not be given if medication has expired.
- ⇒ Medications given three times a day or less can usually be given at home. If you feel that it needs to be given at school, please feel free to discuss this with the nurse. An exception can be made.
- ⇒ Students' medication on field trips will be given by their homeroom teachers or delegated at their principal's discretion.
- ⇒ Prescription medication must be properly labeled with that student's name and in the original bottle. (For example: We cannot give a sister's medication to her brother).
- ⇒ Parental consent will be renewed each school year, or if medication dosing changes.

Parent/Guardian Signature

Date

Contact name/number for emergencies or questions

Contact name/number for emergencies or questions

Sarah Batson, BSN, RN (Elementary):
Carrie Williams, RN (Intermediate):
Diane Ussery, LVN (Middle):
Phebe Myers, RN (High School):

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