



# PERMISSION FOR ADMINISTERING MEDICATION AT SCHOOL

OREGON EPISCOPAL SCHOOL

Children sometimes need to receive medications while at school. PRESCRIPTION medications require written instructions from a physician **and** written permission from the parent or guardian. NON-PRESCRIPTION medications require only written permission from the parent or guardian. **Please do not allow children to bring prescriptions or over-the-counter medicines to school to take without supervision. Medications cannot be self-administered and must be kept in the Division Office.**

**Physicians Instructions:** This requirement is met by bringing the medicine to school in **the original pharmacy container labeled with the child's name, dosage and frequency to be given.**

**Written Parental Permission:** This requirement is met by providing the following information:

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
 Name of medicine: \_\_\_\_\_ Dosage to be given: \_\_\_\_\_ Frequency: \_\_\_\_\_  
 Pharmacy: \_\_\_\_\_ Prescription number: \_\_\_\_\_  
 Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Medical condition for which this treatment is given: \_\_\_\_\_  
 Dates to be administered: \_\_\_\_\_ Time to be administered:  Lunchtime  As needed

Please indicate the number of tablets or amount of medication being provided for use at school. \_\_\_\_\_

**Oregon Episcopal School has my permission to administer the above medication to my child according to the above instructions.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

| MONTH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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Staff Signature \_\_\_\_\_

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Staff Signature \_\_\_\_\_

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