



PERMISSION FOR ADMINISTERING MEDICATION AT 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 Lower School 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

Staff Signature _____ Initial _____

Staff Signature _____

Initial _____

Staff Signature _____ Initial _____

Staff Signature _____

Initial _____