



Oregon Episcopal School

PERMISSION FOR ADMINISTERING MEDICATION 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. Students may not self administer prescription medicines for pain, psychiatric medicines, or medications used in the treatment of learning disorders.

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

Table with 31 columns (MONTH 1-31) and 4 rows for tracking medication administration.

Staff Signature Initial Staff Signature Initial
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