



Oregon Episcopal School

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 Middle 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

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

Staff Signature _____ Initial _____ Staff Signature _____ Initial _____
Staff Signature _____ Initial _____ Staff Signature _____ Initial _____