



PERMISSION TO MEDICATE FORM

All medications administered during school/camp hours, including over the counter drugs, must have doctor's orders or a note, as well as written permission from the parent/guardian. The physician's orders must include:

- Name of medication
- Dosage
- Route of administration
- Time of administration
- Frequency of administration
- Reason for medication
- Length of time the order is valid

State law mandates that:

1. Parents personally deliver any medication to the nurse
2. Medication must be sent in its original container
3. Certain medications must be counted and signed for by parents and nurse

MEDICATIONS CAN ONLY BE ADMINISTERED WHEN WE COMPLY WITH THE ABOVE REGULATIONS

Parents must complete and sign area below

Child's name: _____ Age: _____

Class/Group/Enrichment: _____

Medication: _____

I hereby request the school nurse administer the above medication(s) to my child, as directed by the physician.

I will supply the medicine in its original container and will notify the nurse of any changes.

Signature of parent/guardian: _____

Phone numbers:

Cell: _____ Home: _____ Work: _____