



EX 1 Administering Medication Parent/Guardian Permission Form

Related Procedure: AP 3 – 23 Administering Medication to Students

Exhibit I

ADMINISTERING MEDICATION PARENT/GUARDIAN PERMISSION FORM

(To be completed by the parent and forwarded to the Principal)

Name of Student:

Date:

Teacher:

Grade:

Name of Physician:

Name of Parent:

Name of Medication:

Precautions: _____

Medication Schedule:

<u>Day</u>	<u>Time(s)</u>	<u>Dosage</u>	<u>Monitored by</u>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday*			
Sunday*			

**For use only during extra and co-curricular activities*

Parent(s) Signature: _____

If a change in the above schedule is to be made, parents shall be held responsible to immediately inform the school in writing of the change.

Date of Change (*attach change notification to this sheet*)

In reference to AP 3-23 Administering Medication to Students: If the administration of the medication listed above is deemed more complex than employees are comfortable or exceed their current skill level, additional instructions beyond those specified in the above section of the form will need to be obtained by the parent from a licensed medical practitioner. These instructions must be provided in writing and signed by a licensed practitioner and approval from the Associate Superintendent Student Services will be attained, prior to the administering of the medication.

*****These forms need to be filed in the school office in a location accessible to and knowledgeable of all staff.***