



Sweet Home School District #55

STAFF ADMINISTERED

MEDICATION PERMISSION AND ADMINISTRATION FORM

Student's Name _____ Grade _____

Medication administered by school staff must be delivered by the parent (or designee with written permission) to the school in its original container. Non-prescription medications must have the student's name printed on the original container.

For prescription medications, the physician's written instructions or the prescription label with the following information is required:

1. Name of student
2. Name of medication
3. Route (by mouth, on skin, in eyes/ears, etc.)
4. Dosage and frequency of administration

A completed and parent-signed medication permission and administration form (this form) must also accompany any medication.

<u>Medication</u>	<u>Directions</u>	<u>Time</u>	<u># of days</u>	<u>Route (by mouth, on skin, in eyes/ears)</u>

Diagnosis or reason for medication: _____

I hereby authorize designated school staff to administer the above listed medication to my child. I also authorize an exchange of information, as needed, concerning this medication between the school nurse and my child's health provider.

Parent's/Guardian signature: _____

Date: _____