



MEDICATION and PROCEDURE PERMISSION AND INSTRUCTION FORM

Student's Name: _____ Student's ID #: _____

School: _____ Grade: _____ Date of Birth: _____

Parent Permission:

I am requesting that my child, _____, receive prescription drugs or procedures at the time indicated and as designated by his/her medical provider.

I will be responsible for bringing the prescription drugs to school in a labeled container from the pharmacist or druggist. I also understand that I am responsible for maintaining a sufficient quantity of the medication or supplies for procedure at the school to avoid any interruptions in the physician's orders. Failure to do this will result in termination of the school's administration of the medication and/or procedure for my child. I understand that, if my child refuses to take the prescribed drug(s) or allow the procedures, force will not be used by school personnel to make my child comply.

School personnel have permission to communicate with the medical provider prescribing the medication regarding use, side effects, response, and contraindications of the medication(s) or the procedure results or frequency. I can rescind my permission at any time.

Signature of Parent/Legal Guardian

Relationship

Date: (Mo./Day/Yr.)

Medication Provided By Parent:

| <i>Name of Medication</i> | <i>Amount</i> | <i>Date</i> |
|---------------------------|---------------|-------------|
|---------------------------|---------------|-------------|

Medication Returned to Parent:

| <i>Name of Medication</i> | <i>Amount</i> | <i>Date</i> |
|---------------------------|---------------|-------------|
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