

**ADMINISTRATION OF MEDICATIONS TO STUDENTS**  
***(Permission Form for Medications)***

Please attach any additional information the district might need to have in an emergency.

School: \_\_\_\_\_

Date Form Received by the School: \_\_\_\_\_

**Student's Information**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Homeroom/Classroom: \_\_\_\_\_ Grade: \_\_\_\_\_

**Medication/Prescription Information**

Prescription Medication  Over-the-Counter Medication Provided by Parent/Guardian

Has the student been given the first dose of this medication?  Yes  No

Name of Medication: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Form of Medication/Treatment:  Tablet/Capsule  Liquid  Inhaler  
 Injection  Nebulizer  Other: \_\_\_\_\_

Describe the schedule and dose to be given at school: \_\_\_\_\_

If "as needed," indicate the maximum dosage per day: \_\_\_\_\_

Are there restrictions and/or important side effects?  Yes  No

If yes, please describe: \_\_\_\_\_

Special Storage Requirements:  None  Refrigerate  Other: \_\_\_\_\_

FILE: JHCD-AF2  
Critical

**Physician's Information**

Physician's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Parental Permission**

I give permission for \_\_\_\_\_ (student's name) to receive the above medication at school.

I also give district employees permission to contact the student's physician directly to provide information on the student's condition or clarify medication administration instructions. I understand that I have the ultimate responsibility for providing the school with an adequate supply of medication and for informing the school district immediately if any information provided on this form changes or if administration of medication should cease.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

**Notice**

Schools in this district are equipped with pre-filled epinephrine auto syringes and asthma-related rescue medications that can be administered by the school nurse or other trained personnel in the event of life-threatening emergencies involving anaphylaxis or asthma.

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**Note: The reader is encouraged to review policies and/or procedures for related information in this administrative area.**

Implemented: July 20, 2015

Revised:

Southwest Livingston Co. R-1 School Dist. Ludlow, Missouri