

Dear Parent:

To abide by school policy and to legally protect the school employee administering medication, we must have a written clearance from the student's parents in order to give medication at school.

Please comply with this request and complete the following information and return it with your child's medication.

1. I give permission for a school employee to give _____
Student
2. Name of medication _____
3. School year _____ as per Dr.'s orders.
4. Reason for medication _____

THE MEDICATION MUST BE IN ITS ORIGINAL CONTAINER.

Parents's Signature

Date

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We must have a written order from the student's physician in order to give long term medication at school. Please have the physician complete the following information.

1. Name of student _____
2. Name of medication _____
3. Date, time and dose to give _____

4. Can a reaction be expected? _____. If so, describe _____

Physician's Signature

Date