



# Louisa County High School

P.O. Box 328 Mineral, VA 23117 Phone: (540) 894-5436 Fax: (540) 894-0534

Dear Parents:

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 my permission for a school employee to give \_\_\_\_\_.  
(Student's Name)
2. Name of medication \_\_\_\_\_
3. Date to give \_\_\_\_\_
4. Time to give \_\_\_\_\_
5. Amount to give \_\_\_\_\_
6. Reason for medication \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## **THE MEDICATION MUST BE IN IT'S ORIGINAL CONTAINER**

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

1. Name of student \_\_\_\_\_
2. Name of medication \_\_\_\_\_
3. Date to give \_\_\_\_\_
4. Dose & time to be given \_\_\_\_\_
5. Can a reaction be expected? \_\_\_\_\_ If so, describe \_\_\_\_\_

Physician's signature \_\_\_\_\_ Date \_\_\_\_\_

*"Together We Make a Difference"*