

Parent Permission for Medication/Treatment

If it is necessary for your child to receive medication or treatments during the school day, please do the following:

ALL CONTROLLED SUBSTANCE MEDICATIONS (i.e., ADHD MEDICATIONS) MUST BE BROUGHT TO SCHOOL BY A RESPONSIBLE ADULT. THEY ARE NOT PERMITTED TO BE TRANSPORTED BY STUDENTS UNDER ANY CIRCUMSTANCE.

- Notify nurses by phone/email to expect the medication (if parent not bringing to school).
- Send the **prescription** medication in the **original** container properly labeled with correct name, dose, and exact administration instructions accompanied by this completed form or other written parental permission.
- Send the **non-prescription** medication in the **original** container labeled with the student's name and accompanied by this completed form or other written parental permission.

Student

Name _____ Date _____

Medication/Treatment _____

Dose To Be Given _____

Date(s) To Be Given _____

Time(s) To Be Given _____

Reason _____

Route (circle): Oral/Inhaled/Topical/Eye/Ear

List Any of Your Child's Allergies/Health Problems _____

Parent Signature (required)

Phone Number