

USD 374 Permission Form

Policy:

Unified School District #374 requires that all students who need prescription medication during school hours do the following: (Complete all sections below)

1. Present a written, signed physician's order for the medication or treatment needed.
2. Present a written consent form signed by the parent or legal guardian.
3. Bring the medication in the original prescription bottle, properly labeled with the student's name and correct dosage by a registered pharmacist as prescribed by law.

For over-the-counter medication: (Complete sections 1, 2, and 4)

1. Present a written consent form signed by the parent or legal guardian.
2. Bring the medication in the original bottle.

Section #1

Student's Name _____ School _____

Date of Birth _____

Section #2

Medication and dosage ordered: _____

Times and dosages to be given at school: _____

Length of time medication administration is to continue under this order: _____

Section #3

Name of Medical Provider (printed) _____ Phone# _____

Signature of Medical Provider _____ Date _____

Fax number _____

Section #4

TO BE COMPLETED BY PARENT OR GUARDIAN:

I, _____, give permission for my child to receive the medication listed above as directed at school. I also give permission for the school nurse, or his/her delegated representative, and the student's healthcare provider(s) to share information if questions or concerns arise regarding the student's medication.

Signature of Parent or Guardian _____ Date _____

Home phone # _____ (Work) _____