



3-23 Administering Medication to Students

Exhibit I

ADMINISTERING MEDICATION PARENT/GUARDIAN PERMISSION FORM
(To be completed by the parent and forwarded to the Principal)

Name of Student: _____ Date: _____

Teacher: _____ Grade: _____

Name of Physician: _____ Name of Parent: _____

Name of Medication: _____

Precautions: _____

Medication Schedule:

<u>Day</u>	<u>Time(s)</u>	<u>Dosage</u>	<u>Monitored by</u>
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday*	_____	_____	_____
Sunday*	_____	_____	_____

**For use only during extra and co-curricular activities*

Parent(s) Signature: _____

If a change in the above schedule is to be made, parents shall be held responsible to immediately inform the school in writing of the change.

Date of Change *(attach change notification to this sheet)* _____

****These forms need to be filed in the school office in a location accessible to and knowledgeable of all staff.**