



A Nationally Recognized School of Excellence

MEDICATION ORDER PARENT PERMISSION

(to be completed by Parent or Guardian)

Student's Name: _____ Gender: _____ D.O.B.: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Parent/Guardian Name: _____ Cell Phone: _____

Emergency Contact: (if Parents/Guardians are unavailable): _____

Phone: _____ Relationship: _____

List all medication(s) your child currently receives, including those given during the school day.

(Complete only if not in violation of confidentiality): _____

I give permissions for the school nurse/trained personnel to give the following medication(s): _____

Prescribed by: _____ to (child's name): _____

My child is known to have the following allergies: _____

1. I give permission for my child to self-administer the medication(s) if the school nurse determines that it is safe and appropriate: **YES NO**
2. I give permission for my child to self-administer the medication(s) according to the physician's order and instructions on the day of a field trip. My child's teacher/designee will carry the medication until needed per physician's order: **YES NO**
3. I give permission for the school nurse (RN) to delegate to trained unlicensed school personnel to administer epinephrine (by auto-injector) to my child with a diagnosed life-threatening allergic reaction condition when the school nurse is not immediately available or on field trips: **YES NO**
4. I understand that I may retrieve the medication from school at any time and that the medication will be destroyed if it is not picked up within one week following the expiration of the order or by the last day of the school year. I understand that the school nurse may share information relative to the prescribed medication with appropriate school personnel (e.g., adverse side effects), if determined necessary for my child's health and safety: **YES NO (If no, contact the school nurse)**

Parent/Guardian Signature: _____ Date: _____

Relationship to Student: _____