



PERMISSION FOR MEDICATION ADMINISTERED ON-CAMPUS

This form is only to be completed for students who will require daily medication, whether it be prescription or over the counter) to be administered while on campus during the school day. One form is required for each medication to be administered.

Complete only if your student requires a prescription or over-the-counter medication other than the usual over-the-counter medications available in the Infirmary (Acetaminophen, Ibuprofen, Benadryl, Tums, Pepto Bismol, etc.). **All medications must be delivered to the Health Coordinator or a designated individual.** The instruction label on the original pharmacy container must match the physician's recommendation for dosage and time of day to be administered while off campus. Please submit the medication in the original bottle with an unexpired date. Students may not self-administer their own medication. Medications may not be kept by the student and will be placed in the Infirmary.

Student Name _____

Grade _____

Medication _____

Diagnosis associated with this medication _____

Dosage _____

Time of day medication is to be given _____

Possible side effects _____

Anticipated number of days medication is to be given _____

Will medication need refrigeration _____

I give my permission for the Health Coordinator, or other trained faculty member, to administer the above medication as ordered.

Signature of Parent _____ Date _____

Updated
8/27/24