



Medication Permission Form

Students Name: _____ **DOB:** _____ **Grade:** _____

1. All medication must be in the original container and not past expiration date.
2. Written permission is required from the physician and parent/guardian.
3. All medications are to be carried to and from school by parent/guardian.
4. All medications will be counted when delivered to and released from health services staff to parent/guardian.
5. All prescription medications must be properly labeled in the original container.
6. No medications will be given that are NOT FDA approved.
7. Staff shall not administer medication that exceeds recommended maximum dosage in the Physician' Desk Reference.
8. All requests are for the current school year only.
9. All asthma inhalers should be turned in with a physician action plan
10. Prescribed asthma inhalers may be kept by the student and self-administered physicians indicated this need in writing and considers the student sufficiently responsible.

I hereby request and authorize Life Schools health services to dispense and/or monitor the medication or treatment prescribed by my child's physician. I understand that neither the person administering the medication nor Life Schools will be held responsible or liable for any side effects or problems from the medication. I am giving permission for Life School staff to contact the physician for additional information, if needed. I understand all medications are to be carried to and from the school by parent/guardian.

<u>Medication</u>	<u>Dosage/Method</u>	<u>Frequency</u>	<u>Side effects</u>	<u>Date of Request- Date of termination</u>

Physician Signature and Stamp Date Parent Signature Date