

# YORK PUBLIC SCHOOLS

## PRESCRIPTION MEDICATION PERMISSION FORM

Students needing medication to be given during school hours must have a medication permission form on file with the school. This form must be completed, signed by the parent, and returned to the school office before any medication may be given. When possible, medications should be given at home.

***Parents must supply the medication in the original container with the original label, appropriately labeled for administration for school hours. Medication must be transported by an adult to and from school. Changes in dosages of medication should have a note from the doctor and the parent may be asked to complete a new permission form. If there is a dosage change, a new prescription bottle is necessary. The first dose of a new prescription should be given at home by the parent/guardian to observe for any adverse reaction. It is the parent's responsibility to monitor the effects of the medication. No more than one month's medication should be brought to school.***

I agree to the above and request school personnel to administer the listed medication for my child. I assume responsibility that the medication brought to school is what is prescribed by the doctor. I authorize that the school may consult the prescribing doctor / pharmacy with any questions or concerns about this medication and may verify prescribing information with the doctor / pharmacy.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Diagnosis for this Medication \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Name of 1<sup>st</sup> Medication \_\_\_\_\_

Dosage Prescribed \_\_\_\_\_ Time To Be Given \_\_\_\_\_

Name of 2<sup>nd</sup> Medication \_\_\_\_\_

Dosage Prescribed \_\_\_\_\_ Time To Be Given \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# YORK PUBLIC SCHOOLS

## OVER THE COUNTER MEDICATION PERMISSION FORM

Students needing medication to be given during school hours must have a medication permission form on file with the school. This form must be completed, signed by the parent, and returned to the school office before any medication may be given. When possible, medications should be given at home.

***Parents must supply the medication in the original container with the original label. Medication must be transported by an adult to and from school. The first dose of a medication should be given at home by the parent/guardian to observe for any adverse reaction. It is the parent's responsibility to monitor the effects of the medication. When the nurse feels the medication is no longer needed at school, the parent/guardian will need to transport the medication home.***

I agree to the above and request school personnel to administer the listed medication for my child. I assume responsibility that the medication brought to school is what the label states. I authorize that the school may consult the prescribing doctor / pharmacy with any questions or concerns about this medication and may verify prescribing information with the doctor / pharmacy.

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Medical Diagnosis for this Medication \_\_\_\_\_

Possible Side Effects \_\_\_\_\_

Name of 1<sup>st</sup> Medication \_\_\_\_\_

Dosage Prescribed \_\_\_\_\_ Time To Be Given \_\_\_\_\_

Name of 2<sup>nd</sup> Medication \_\_\_\_\_

Dosage Prescribed \_\_\_\_\_ Time To Be Given \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_