

**MSD of Lawrence Township**

**MEDICATION PERMISSION FORM**

**Early Learning – 8<sup>th</sup> Grade**

**Student Name** \_\_\_\_\_

**Date** \_\_\_\_\_ **School** \_\_\_\_\_ **Grade / Team** \_\_\_\_\_

**Medication Name** \_\_\_\_\_

**Medication Dose** \_\_\_\_\_ **Purpose** \_\_\_\_\_

**Please check one of the following:**    **Daily:** \_\_\_\_\_    **As Needed:** \_\_\_\_\_

**Time to be given at school if daily:** \_\_\_\_\_

Instruction for Field trips, School Delays, PBA days, and Early Release days (scheduled and unscheduled)

- My child will take his/her medication at the regularly scheduled time as indicated above.
- Special arrangements need to be followed when giving my child medication for delays, PBA days, early release days.

These arrangements include: \_\_\_\_\_

- I assume the responsibility for safe transport of medication to school.
- Students are not allowed to transport medication home. Parent / Guardian must pick medications up at the end of the school year or the medication will be discarded.
- I will notify the school, in writing, of any change in medication, (ex: dosage change, medication discontinued, time change, etc.)
- I give permission for the school nurse to communicate with my child’s physician or the physician’s nurse for the limited purpose of clarifying any questions the school may have regarding this medication.
- I release school personnel from liability should administering this medication result in an adverse reaction.
- I give permission for the medication to be given by designated personnel (the nurse may not always be available).
- Prescription medications brought to school should be in the original container labeled by the pharmacy or physician stating the name of the student, the name of the medication, dosage, and instructions. Any over the counter medication should be in the original container labeled with the student’s name and dosage.
- The purpose of administering medication in school is to help each student maintain an optimal state of health to enhance his/her education. Medications should be given at home whenever possible.
- All permission for medication to be given at school needs to be renewed each school year.
- Efforts will be made to notify the parent/guardian when refills are needed at school, but the ultimate responsibility to ensure an adequate supply of medication will be the parent/guardian.
- I certify that I am the parent or legal guardian of the above identified student. I read and understand the information within this medication permission form.

**Parent / Guardian Signature:** \_\_\_\_\_

**Parent / Guardian Contact #:** \_\_\_\_\_

