



# Permission to Medicate 2023-2024 School Year

**This form is only valid for the 2023-2024 School Year and one medication at a time.**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Room Number: \_\_\_\_\_ Teacher: \_\_\_\_\_

### INSTRUCTIONS:

Name of Medication: \_\_\_\_\_

Please Check Accordingly:  Doctor's Prescription  Over-the-Counter  Needs Refrigeration

Dosage: \_\_\_\_\_ Route: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Check the appropriate days to administer medication:

Monday  Tuesday  Wednesday  Thursday  Friday

Time(s) medication to be given: \_\_\_\_\_ am \_\_\_\_\_ pm

Other (Before/After Lunch, etc.): \_\_\_\_\_

Complete if applicable: Medication can be given \_\_\_\_\_ minutes early or late.

**Medication administration will be entered electronically into Procure. If unavailable, medication administration will be entered below.**

Time & Date	Staff Responsible	Time & Date	Staff Responsible	Time & Date	Staff Responsible

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Parent/Guardian Use Only:** Was medication returned at conclusion of treatment?  Yes  No

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