

# Lakeland Elementary School

## MEDICATION PERMISSION FORM

**Please note that all medications need to be in their original, labeled container. Students may not bring the medication to school; an adult must bring it to the office, as well as pick it up at the end of the year.**

Current date: \_\_\_\_\_ Student's name: \_\_\_\_\_

Student's date of birth: \_\_\_\_\_ What grade is the student in? \_\_\_\_\_

Please list any allergies:

\_\_\_\_\_

### **Parent/Guardian Information:**

Name: \_\_\_\_\_ daytime phone #: \_\_\_\_\_

Instructions for medication distribution:

Name of medication: \_\_\_\_\_

Dosage (amount to administer): \_\_\_\_\_

At what time(s) is the medication to be administered? \_\_\_\_\_

Route of administration: \_\_\_\_\_

(oral, injection, inhaler, topical, drops)

Duration of Administration: \_\_\_\_\_

start date

ending date

Possible side effects: \_\_\_\_\_

Special instructions if side effects are detected: \_\_\_\_\_

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Doctor's name: \_\_\_\_\_ phone #: \_\_\_\_\_

I HEREBY GRANT PERMISSION FOR SCHOOL PERSONNEL TO ADMINISTER THE MEDICATION LISTED ABOVE TO MY CHILD. MEDICATIONS THAT ARE RECTAL, BY INJECTION, OR INHALER MUST BE SELF-ADMINISTERED BY THE STUDENT. IT IS THE RESPONSIBILITY OF THE STUDENT TO REPORT TO THE OFFICE AT THE APPROPRIATE TIMES FOR MEDICATION. WITHOUT THIS FORM SIGNED BY A PARENT OR GUARDIAN, MEDICATION WILL NOT BE GIVEN TO THE STUDENT.

Parent/Guardian signature \_\_\_\_\_ date: \_\_\_\_\_

Ref: Policy #5141.S

Adopted by the Coldwater Board of Education 11/15/99