

Lexington School District 3

- Prescription
 Non-Prescription

MEDICATION ADMINISTRATION PERMISSION

When possible, medications should be given to students before or after school by the parent or guardian. Medications must be provided to the school by the parent or guardian in the original container. Medications may only be given within the limits of the prescribing health care provider's order and/or instructions printed on the container or package insert. Please complete a separate form for each medication to be given at school.

Student Name:		Date Of Birth:	
School Name:		Grade:	
Is your child allergic to any food, medicines, or other items?		NO	YES (If yes, list allergies)
Medication:	Dosage:		
Purpose of Medication:	Route:		
Time of day medication needs to be given at school: (Lunch times vary 11:00am-12:30pm)	Anticipated number of days medication will be given at school :		
	<input type="checkbox"/> _____ until end of school year		
	<input type="checkbox"/> _____ weeks		
	<input type="checkbox"/> _____ days		
Possible side effects:			
Health Care Provider's Signature Required for Prescription Medications			
Prescribing Health Care Provider's Signature: (Stamped Signatures are NOT accepted)		Date:	
Stamp, Print, or Type Health Care Provider's Name & Address:		Office Phone Number:	
		Office Fax Number:	

I give permission for the medication noted above to be given to my child during the school day. I give permission for the school nurse or school administrator to contact the health care provider named above to discuss this medication and my child's health. I give permission for the health care provider named above or his/her designated employees to provide information about this medication and my child's health to the school nurse or school administrator. I understand that the school may require that I agree to the school district's rules about medications before this medication will be given at school. I understand that I am responsible for notifying the school if any of my child's medications change.

Signature of Parent/Guardian

Date

Print or Type Name of Parent/Guardian

Date